

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System held Friday, February 26, 2010 at the hour of 7:30 A.M. at John H. Stroger, Jr. Hospital of Cook County, 1901 W. Harrison Street, in the fifth floor conference room, Chicago, Illinois.

## I. Attendance/Call to Order

Chairman Batts called the meeting to order.

Present: Chairman Warren L. Batts and Directors Hon. Jerry Butler; David Carvalho; Quin R. Golden; Benn Greenspan, PhD, MPH, FACHE; Sister Sheila Lyne, RSM; Luis Muñoz, MD, MPH; Heather E. O'Donnell, JD, LLM and Andrea Zopp (9)

Present

Telephonically: Director David A. Ansell, MD, MPH (1)

Absent: Vice Chairman Jorge Ramirez (1)

Chairman Batts stated that Director Ansell was unable to be physically present, but would like to participate in the meeting telephonically.

Director Ansell indicated his presence telephonically.

Director Butler, seconded by Director Lyne, moved to allow Director Ansell to participate as a voting member for this meeting telephonically. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

|                             |                      |                    |
|-----------------------------|----------------------|--------------------|
| John Abendshien             | Martin Grant         | Mayur Patel        |
| Michael Ayres               | Helen Haynes         | John Prendegast    |
| Patrick T. Driscoll, Jr.    | Randolph Johnston    | Michael Puisis, MD |
| William T. Foley            | Enrique Martinez, MD | Elizabeth Reidy    |
| Commissioner Bridget Gainer | Terry Mason, MD      | Deborah Santana    |
| David Goldberg, MD          | John Morales         |                    |

## II. Public Speakers

Chairman Batts asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speakers:

1. George Blakemore      Concerned Citizen
2. D.C. Tessman      Student Nurse
3. Richard David, MD      Physician, Newborn Intensive Care Unit, John H. Stroger, Jr. Hospital of Cook County
4. Gandaruaka Gray      Student

### **III. Report from Chairman of the Board**

#### *Update on upcoming report to the Cook County Board of Commissioners*

Chairman Batts stated that he and William T. Foley, Chief Executive Officer of the Cook County Health and Hospitals System, will be presenting a report to the Cook County Board at their meeting of March 16<sup>th</sup>. Some of the subjects that will be reported on and discussed are the preliminary FY2009 financial statements and the effects of the sales tax roll-back on the System's budget.

#### **A. Board Education – IRIS System**

Dr. Enrique Martinez, Chief Medical Officer of the Ambulatory and Community Health Network of Cook County (ACHN), presented an overview of the IRIS System (Attachment #1). John Prendegast, IRIS Administrator, presented additional information.

The subject of patient volumes for the ten (10) clinics which were closed as a result of the budget cuts in FY2007 arose. Dr. Martinez stated that prior to their closing, these clinics experienced 50,000 patient visits per year. Director Carvalho noted that this volume was minuscule in comparison to the ACHN clinics' overall volume of 750,000 patient visits per year in 2007.

During the discussion on referrals and backlogs, Director Carvalho inquired whether there was an estimate of how many referrals lead to patient encounters. Dr. Martinez responded that approximately only half of the referrals lead to patient encounters; this is a result of "no-shows" for scheduled appointments and difficulties experienced trying to contact the patients. With regard to waiting lists and backlogs, Director Carvalho requested a report with additional information. Dr. Martinez noted that information on that subject was provided at the last Quality and Patient Safety Committee Meeting; this information will be forwarded to the Board. Director Ansell stated that the Quality and Patient Safety Committee should receive periodic updates on this subject. He added that it might be useful to get input from some of the partners/community health centers with whom the System partners. Mr. Foley noted that they have spent a lot of time meeting with the federally qualified health centers (FQHCs) to go over any issues and get input, and have assembled a small work team to address some issues with the Alivio Medical Center. Additionally, he stated that there are work groups currently addressing the issue of backlogs.

During Mr. Prendegast's presentation, Director O'Donnell inquired whether there is a mechanism to track coverage of the referrals made from outside of the System, and asked what percentage of those referrals have some type of coverage. Mr. Prendegast responded that the IRIS System alone does not track coverage, however, they do have this information on the referrals for children. Mr. Foley stated that this information can be provided.

Director Carvalho inquired further regarding the IRIS partners from outside of the System, and referrals of patients with unidentified payer status. Dr. Martinez stated that most have been partners for over ten years, and were established by the previous County administration. Director Carvalho inquired further regarding why the University of Chicago's Emergency Department is a partner. Dr. Martinez responded that they only refer pediatric patients, and Director Golden provided additional information on the history of the relationship.

#### **IV. Report from Chief Executive Officer**

##### *Update on Joint Commission Visit to John H. Stroger, Jr. Hospital of Cook County*

Mr. Foley provided an update on the visit from the Joint Commission to John H. Stroger, Jr. Hospital of Cook County. He stated that they arrived on Tuesday, February 23<sup>rd</sup>, and were expected to complete their survey this afternoon. He noted that Chairman Batts and Director Muñoz planned on staying after the Board meeting for a leadership session with the Joint Commission representatives.

##### *Report on Disposal Process for Mammography Vans located at John H. Stroger, Jr. Hospital of Cook County*

John Morales, Chief Financial Officer of John H. Stroger, Jr. Hospital of Cook County, provided a report on the disposal process currently underway for the mammography vans located behind John H. Stroger, Jr. Hospital of Cook County. He stated that this report to the Board was being provided for disclosure purposes.

Mr. Morales stated that there are currently two mammography vans that have been out of service for almost five years and which are deemed obsolete, that have been parked behind the hospital. All equipment that had any value has been removed, now they are down to salvage value. They received three bids, and have the titles ready for transfer. Once this information has been disclosed to the Board, sale and transfer of title can occur.

##### **A. Management Assessment/Organizational Restructuring**

Mr. Foley provided an update on management assessment and organizational restructuring, and presented an organizational chart (Attachment #2). He noted that the affiliate Chief Nursing Officers now directly report to the System's Chief Clinical Officer, Roz Lennon. They previously reported to the affiliate Chief Operating Officers, with an indirect relationship to Ms. Lennon. He added that Human Resources is another function that is now highly centralized.

##### **B. FY2010 System Operational Plan Update**

Mr. Foley presented the FY2010 System Operational Plan (Attachment #3) on behalf of Dr. Anthony Tedeschi, Interim Chief Operating Officer for the Cook County Health and Hospitals System. He provided an update on several areas of interest.

The Board reviewed and discussed the information. Suggestions were made with regard to the placement of and attention to the "red" or significant issues identified within the report. Mr. Foley responded that the update at the next Board meeting will reflect the changes suggested.

##### **C. Leadership Goals Update**

Mr. Foley presented the revised goals for System leadership (Attachment #4), and noted the inclusion of medical education relationships in the list of goals. He stated that, going forward, he would like to use this as the basis for his report, as these are the major goals that he and the senior leadership team are working on. He provided an update on the goals presented.

**V. Update from ad hoc Strategic Planning Committee****A. Strategic Planning Update**

Mr. Foley introduced John Abendshien of Integrated Clinical Solutions (ICS), and stated that Mr. Abendshien will be providing regular updates on strategic planning. Mr. Foley noted that for the April Board Meeting, it is anticipated that the meeting will be abbreviated, and will be followed by a Strategic Planning retreat.

Mr. Abendshien presented his update on the progress of the Phase II analysis. Mayur Patel, of ICS, provided an overview of community needs analytics that they have been conducting.

The Board reviewed and discussed the information (Attachment #5). Discussion took place on the possible scenarios presented. Additional topics discussed included those relating to consolidation opportunities and coordination with existing community resources (such as FQHCs).

**B. UCMC/CCHHS Joint Consulting Project regarding Provident Hospital of Cook County**

Mr. Foley presented information on a proposal for a joint project with the University of Chicago Medical Center (UCMC) and Provident Hospital of Cook County (Attachment #6). He noted that this proposal was reviewed and approved by the ad hoc Strategic Planning Committee, which consisted of only Director Greenspan, due to Director Golden's recusal on the subject.

Mr. Foley clarified the basics of the proposal, stating that, at this point, this is only relating to an assessment and exploration of the feasibility of such an arrangement. Contained within the minutes of the Finance Committee Meeting of February 19<sup>th</sup> is a recommendation for approval of an item to jointly fund with UCMC an assessment of a possible collaboration. Ultimately, should this type of collaboration take place, it would be an academic and clinical relationship. UCMC would provide faculty and co-invest in the further development of Provident Hospital of Cook County, but it would be owned, managed and staffed by the System.

Director Zopp, seconded by Director Butler, moved that the System engage in the consulting project, as proposed.

Director Carvalho inquired regarding the proposed structure of such an arrangement. Mr. Foley responded that the assessment will provide the answers to the question of structure. He provided additional information on what is expected when the assessment is completed. Additionally, he stated that by the next Board Meeting on March 26<sup>th</sup>, they expect to have prepared a recommendation for the Board to determine whether to go forward or not go forward with the proposal.

Director Ansell inquired whether a conflict of interest exists for Michael Koetting, who used to work for UCMC, and who is assisting the System with this proposal. Mr. Foley responded that Mr. Koetting's conflict has been declared, and it is Mr. Foley's job to manage this proposed collaboration.

On the motion, a voice vote was taken and THE MOTION CARRIED.

Director Golden recused herself and voted PRESENT.

**VI. Board and Committee Reports****A. Minutes of the Board of Directors Meeting, January 29, 2010**

Director Zopp, seconded by Director Butler, moved the approval of the minutes of the Board of Directors Meeting of January 29, 2010. THE MOTION CARRIED UNANIMOUSLY.

**B. \*\*Minutes of the Quality and Patient Safety Committee Meeting, February 16, 2010**

Director Butler, seconded by Director Muñoz, moved the approval of the minutes of the Quality and Patient Safety Committee Meeting of February 16, 2010. THE MOTION CARRIED UNANIMOUSLY.

**C. \*\*Minutes of the Human Resources Committee Meeting, February 19, 2010**

Director Golden, seconded by Director Zopp, moved the approval of the minutes of the Human Resources Committee Meeting of February 19, 2010. THE MOTION CARRIED UNANIMOUSLY.

**D. Minutes of the Finance Committee Meeting, February 19, 2010**

Discussion took place on the proposed agreement with Holy Cross Hospital, which was recommended for approval by the Finance Committee. Michael Ayres, System Chief Financial Officer, provided additional information on the proposed agreement. Director O'Donnell noted that there needs to be some way to systematically review and evaluate these types of agreements.

Additionally, Director Carvalho noted that with regard to the proposed lease on the Hinsdale property (request number 1 under the Contracts and Procurement Items), additional information was provided at the Committee meeting which addressed his previous questions.

During the presentation of the minutes of the meeting, Director Carvalho restated his abstention on the proposed agreement with Holy Cross Hospital contained within the minutes.

Director Golden restated her abstention on request number 3 under the Contracts and Procurement Items contained within the minutes.

Director Golden, seconded by Director Lyne, moved the approval of the minutes of the Finance Committee Meeting of February 19, 2010. THE MOTION CARRIED UNANIMOUSLY.

**VII. Action Items****A. Proposed Amendments to the Bylaws of the Medical Staff of John H. Stroger, Jr. Hospital of Cook County**

Dr. David Goldberg, President of the Executive Medical Staff of John H. Stroger, Jr. Hospital of Cook County, presented information on the proposed amendments (Attachment #7).

Chairman Batts asked Dr. Terry Mason, System Chief Medical Officer, whether he concurred with the proposed amendments. Dr. Mason responded affirmatively.

Director Carvalho inquired whether there is still a voluntary category. He explained that he was provided an example in which an organization of physicians was interested in volunteering, but upon contacting the affiliate, were told that they don't take volunteers. Dr. Mason responded that the credentialing is done by each facility. Dr. Goldberg added that credentialing is done through the clinical departments, as well. Director Carvalho stated that he would follow-up on the question after the meeting.

**VII. Action Items****A. Proposed Amendments to the Bylaws of the Medical Staff of John H. Stroger, Jr. Hospital of Cook County (continued)**

Chairman Batts stated that the bylaws are essentially a contract between the System and the physicians. He requested information that addresses his questions of whether the bylaws contain the following provisions, along with provisions to act quickly if these do not occur: to adequately maintain and improve the quality of medicine practiced by each doctor; to cover the productivity of the doctors; and to police the maintenance by the doctors of complete accurate records. Additionally, Chairman Batts stated that the Board should ask a third party to review the bylaws. Dr. Mason requested that such review be postponed at this time, for they are in the process of drafting a single set of System Bylaws. Mr. Foley added that the proposed amendments under consideration for this meeting are housekeeping amendments to the existing Bylaws of John H. Stroger, Jr. Hospital of Cook County. Chairman Batts stated that his questions relate to the bylaws in their entirety. Dr. Mason responded that he would be happy to provide further detail on the subject.

Director Zopp, seconded by Director Golden, moved the approval of the proposed Amendments to the Bylaws of the Medical Staff of John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

**B. Proposed reappointment of Thomas Lanctot to the CORE Foundation (Attachment #8)**

Director Zopp, seconded by Director Lyne, moved the approval of the proposed reappointment of Thomas Lanctot to the CORE Foundation. THE MOTION CARRIED UNANIMOUSLY.

**C. Any items listed under Sections VI, VII and VIII****VIII. Closed Session Discussion/Information Items**

- A. U.S. Department of Justice report regarding Cermak Health Services of Cook County
- B. \*\*Minutes of the Quality and Patient Safety Committee Meeting, February 16, 2010
- C. \*\*Minutes of the Human Resources Committee Meeting, February 19, 2010

Director Butler, seconded by Director Lyne, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(2), regarding "collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees," 5 ILCS 120/2(c)(1), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(11), regarding "litigation, when an action against, affecting or on behalf of the particular public body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," and 5 ILCS 120/2(c)(17), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body." THE MOTION CARRIED UNANIMOUSLY.

Chairman Batts declared that the closed session was adjourned. The Board reconvened into regular session.

**IX. Adjourn**

Director Golden, seconded by Director Zopp, moved to adjourn. THE MOTION CARRIED UNANIMOUSLY AND THE MEETING ADJOURNED.

Respectfully submitted,  
Board of Directors of the  
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXX  
Warren L. Batts, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
February 26, 2010

ATTACHMENT #1

# Cook County Health and Hospitals System , Outpatient Referral System

- Called IRIS (Internet Referral Information System)

- Enrique Martinez, MD
  - Chief Medical Officer, Ambulatory and Community Health Network
  - Cook County Health and Hospitals System

- John Prendegast
  - IRIS Administrator

# IRIS

- First web-based referral system
- All you need is access to the internet, and a password to use it
- Replaced manual, bureaucratic, and inefficient system

# CCHHS Ambulatory Services

- Over 1.1 million visits annually
- 300,000 primary care
- 300,000 specialty care
- Over 350,000 diagnostic procedures
- 230,000 emergency care
- 10 clinics closed in 2007
- 16 clinics remain, only one school-based

# Specialty Services for Indigent Patients

- Federal government not funding specialty services for uninsured
- Growing demand for specialty services, as federally supported primary care services for the indigent have expanded
- The CCHHS is the main provider of specialty services to the indigent patients in Cook County
- A national problem

# Specialty Services at the CCHHS

- The CCHHS provides over 100 specialty clinic services in the three hospital campuses
- The CCHHS has the technology to provide all necessary diagnostic services
- The CCHHS is the health system in Illinois with a public hospital and specialty system for the indigent

# Specialty Services Needs of the Indigent

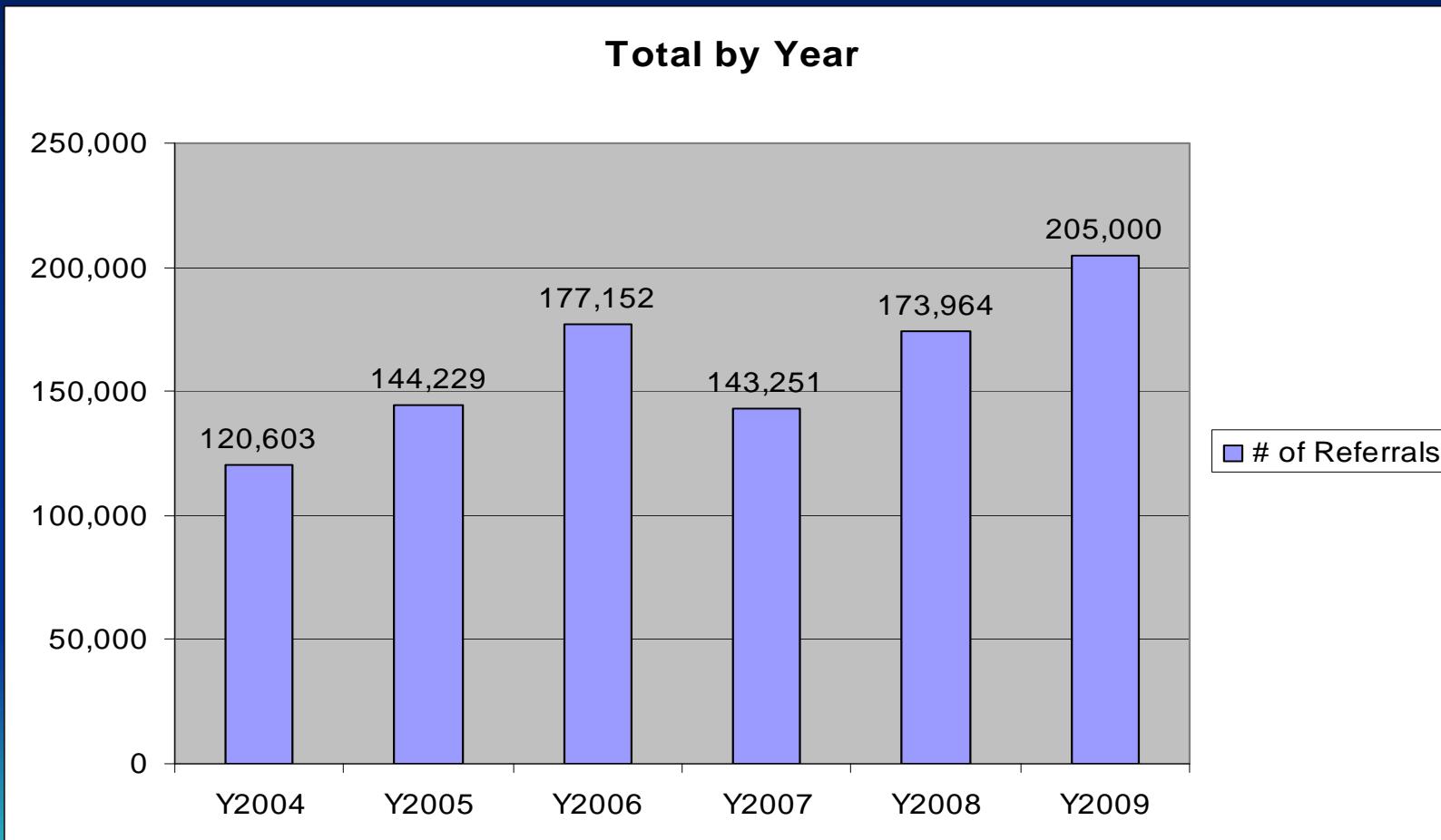
- Chronic illness epidemic
- Disproportionate need for specialty services
- Lack of specialty services leads to worst outcomes and complications
- Requires innovative solutions for creating access, capacity, and using specialists as consultants.

# Access to Specialty Services in Public System

- Disorganized
- Done manually, on paper
- Primary care sites ignorant of services available
- Misdirecting of referrals, waste and inefficiencies
- Lack of feedback from specialties
- No data on demand and capacity for services

# IRIS Referrals Submitted by Year

Break down of the total number of referrals placed by all IRIS users by year



# Benefits of the CCHHS' IRIS System

- High volume and efficiency: About 18,000 referrals per month
- Processing time of 2-3 weeks, instead of months
- Legible referrals

# Community Physician's Use of IRIS

- All CCHHS PCPs and specialists use IRIS
- All partner clinics use IRIS
- An “even playing field” for all CCHHS and non-CCHHS sites
- All CCHHS specialty and diagnostic services (at three hospitals) are available to all referring providers

# Benefits of the CCHHS' IRIS System (contd.)

- Added capacity to system, about 20-25%, by eliminating misdirected referrals, requiring work up before specialty visit
- Backlogs exist in less than 10% of clinics

# Benefits of the CCHHS' IRIS System (Contd.)

- Development of clinical referral rules:
  1. Triage patients electronically
  2. Require work up before specialty visit
  3. Use specialists as specialists
  4. Educate PCPs
  5. Prioritize referrals
  6. Ability to escalate referral to RN when needed

# Benefits of the CCHHS' IRIS System (contd.)

- Consolidation of referrals to all specialty and primary care services in CCHHS
- Availability of whole system, giving patients access close to their home
- Primary care access now available to ER, specialists, and urgent care areas
- Centralizing primary care referrals also improved efficiency and access in CCHHS

# Benefits of the CCHHS' IRIS System (contd.)

- Data, data, data...
- Reports
- Automated phone notification in three languages, reminder 10 days and 2 days before appointment via IVR
- Ability to partner with FQHC, State, and other organizations using this system

# New IRIS Functionality

- Ability to send email or text message notification to patients, about their appointments

# IRIS Success Examples

- Mammography Backlog: Due to IRIS data and reports, were able to eliminate a backlog of over 12,000 to 0.
- Colonoscopy Backlog: Backlog of over 4,000 now down to a few hundred, schedule wait down from years to a few weeks.
- Gyne dysplasia backlog: Quickly eliminated a backlog of 200, by partnering with FQHC site.

# Challenges of the CCHHS' IRIS System

- Providers have to enter the referral: it takes a couple of minutes per referral
- Patients have difficulty with the interactive voice response system
- Technology upkeep and expense
- Not all backlogged areas get resolved or addressed

# Challenges (contd.)

- IRIS was built with federal funding and FQHC partnering support
- Partnership is now smaller due to 2007 budget crisis, and agenda of system leadership
- FQHCs not willing to refer a mix of patients, paying and non-paying, are not allowed to refer to County
- Partnership under current evaluation with new board and new CEO

# 2009 IRIS DATA

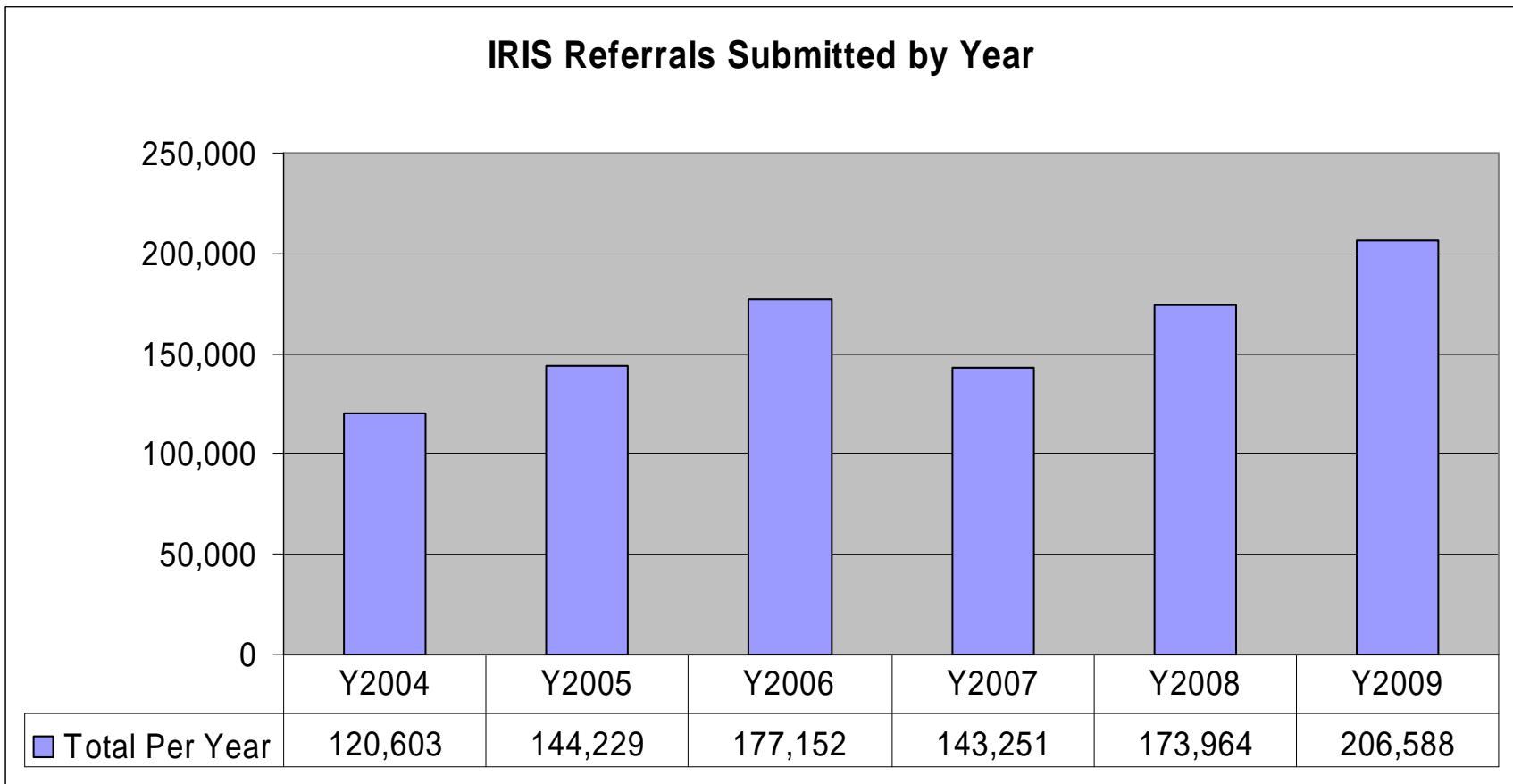


# IRIS Background

- **The Internet Referral Information System is the primary avenue by which all patients are referred into specialty clinics for the first time.**
- **The IRIS System has had over 1.1 Million referrals placed as of December 2009**

# IRIS Referrals Submitted by Year

Break down of the total number of referrals placed by all IRIS users by year



# IRIS Orders Submitted by Year

- **Submitted in 2009 = 206,588**
- **Submitted in 2008 = 173,964**
- **Submitted in 2007 = 143,251**
- **Submitted in 2006 = 177,152**
- **Submitted in 2005 = 144,229**
- **Submitted in 2004 = 120,603**

# Summary of Processed Referrals

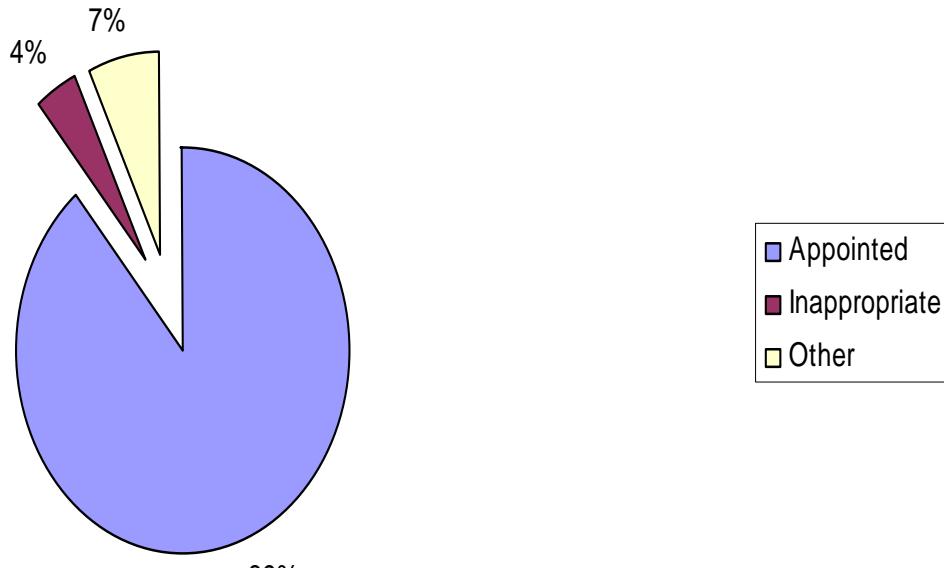
\*Processed orders are referrals that were either accepted, rejected, or misdirected, but an action was taken. Processed and Submitted are different because there are orders processed in different years than they were submitted.

**204,385  
Referrals  
Processed  
in 2009**

**165,093  
Referrals  
Processed  
in 2008**

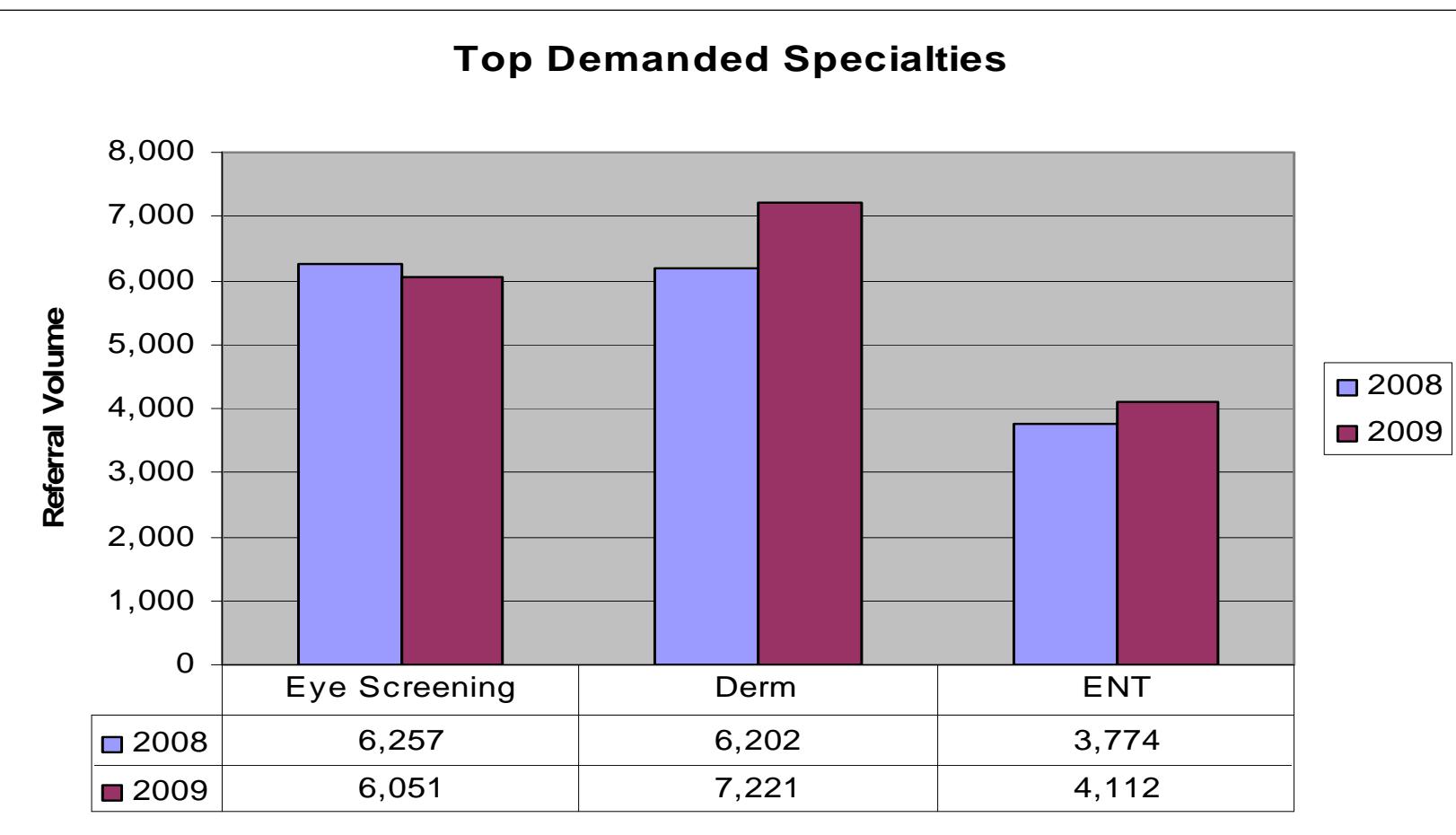
**Increase  
of 19%**

All Processed Orders 2009



# Stroger Specialty Clinics

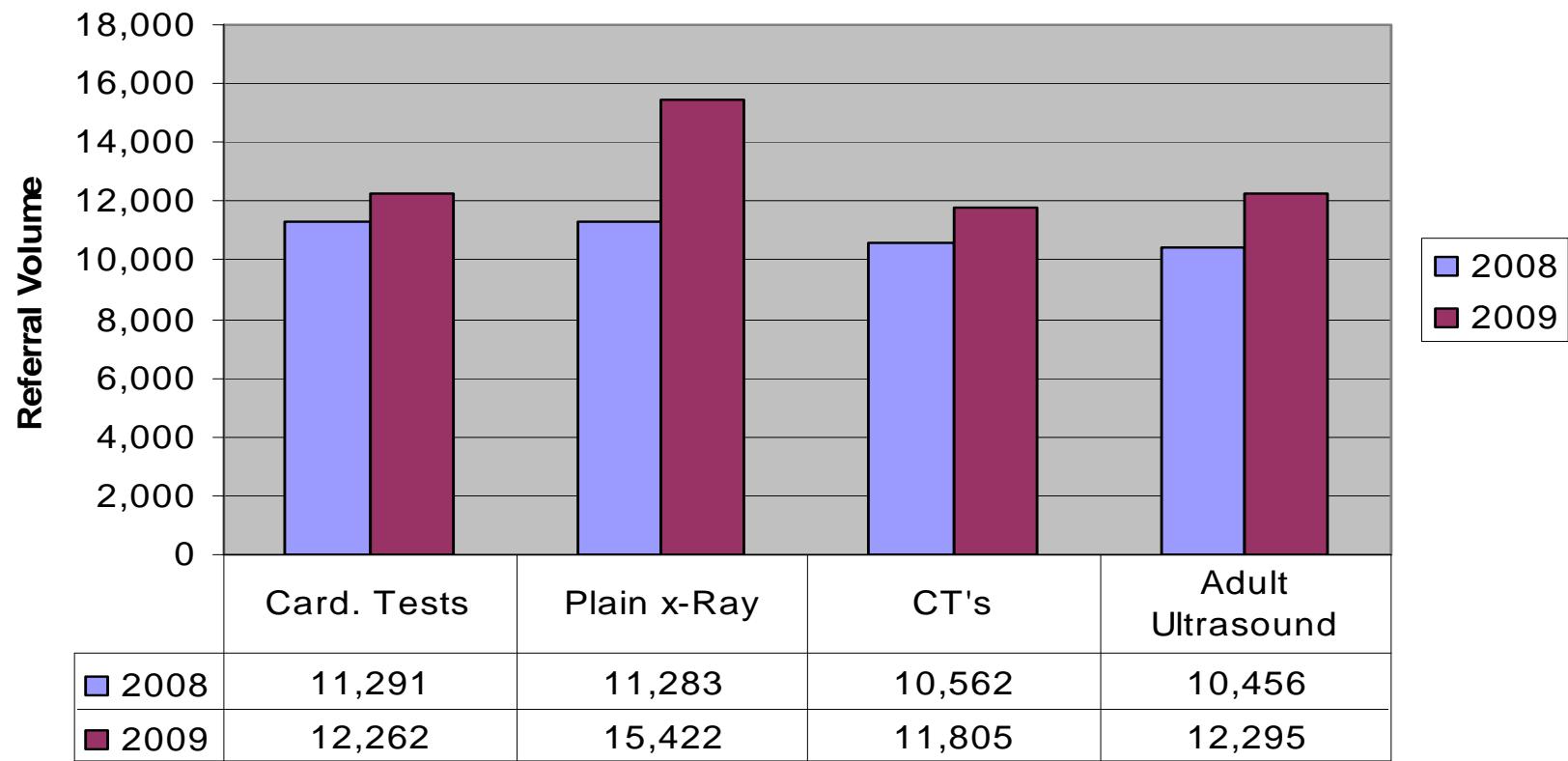
with the highest demand for 2008 and 2009



# Stroger Diagnostic Clinics

with the highest demand for 2008 and 2009

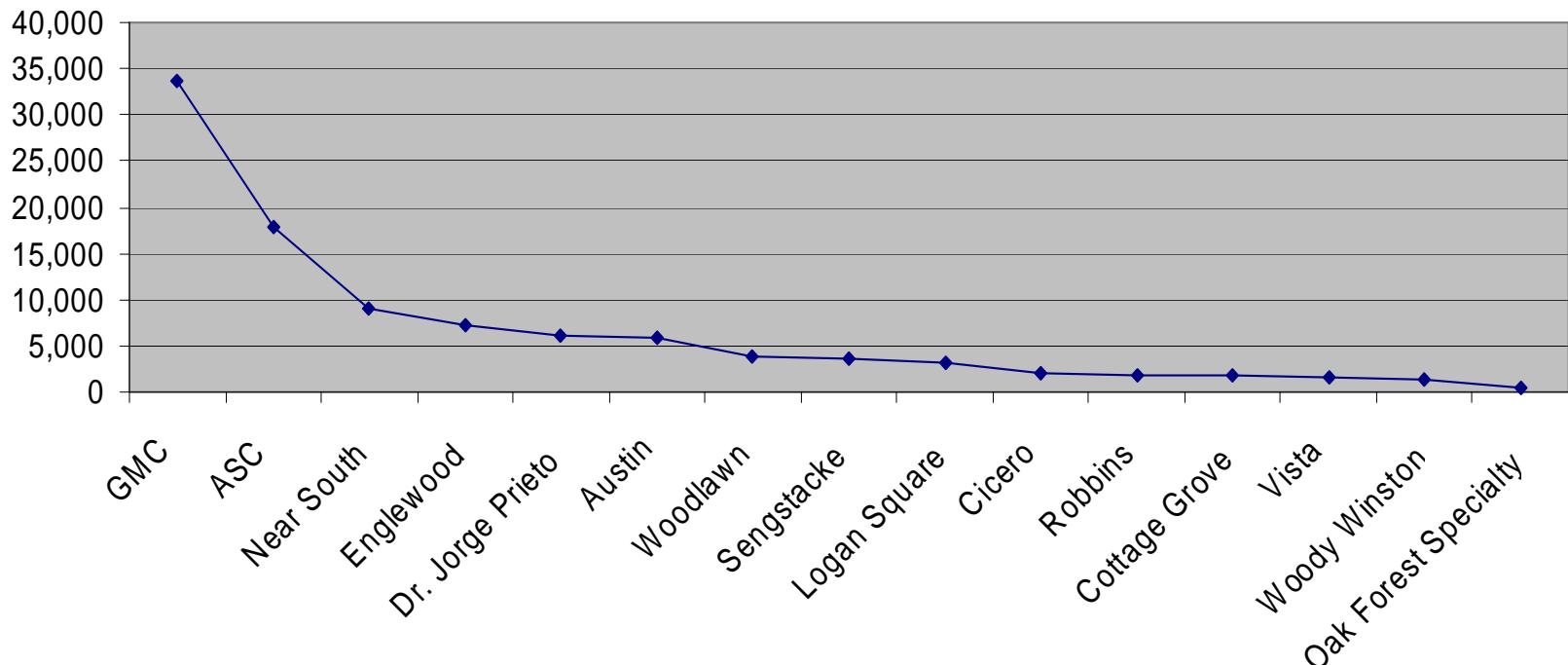
**Top Demanded Diagnostics**



# ACHN Community Clinic Referrals

CCHHS Ambulatory sites accounted for over 99,000 IRIS Referrals in '09

**ACHN Referrals Submitted 2009**

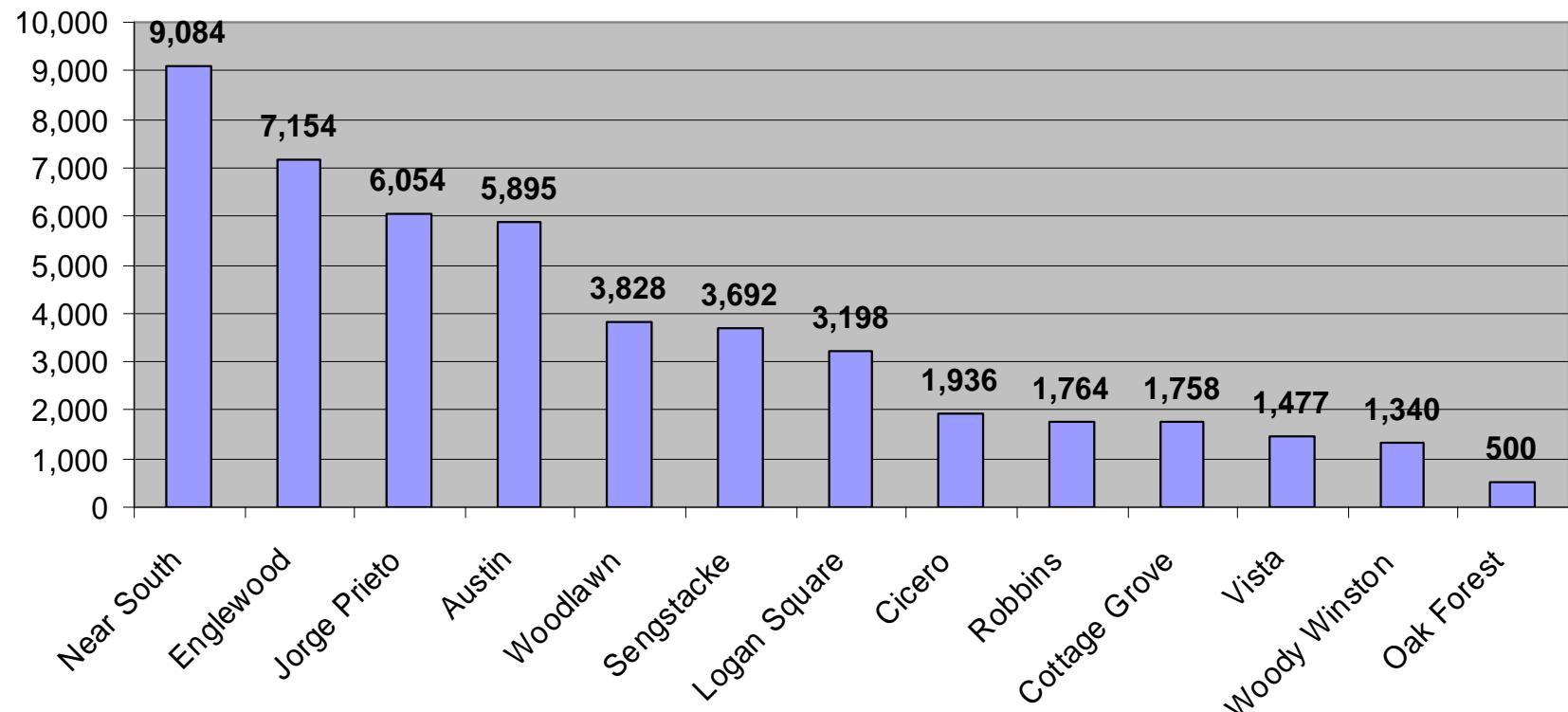


**Total of 99,032 IRIS Referrals Submitted**

# ACHN Community Clinic Referrals

Total number of referrals placed by each ACHN Community Clinic in 2009

**# of Referrals Submitted by ACHN Clinics 2009**



# ACHN Data

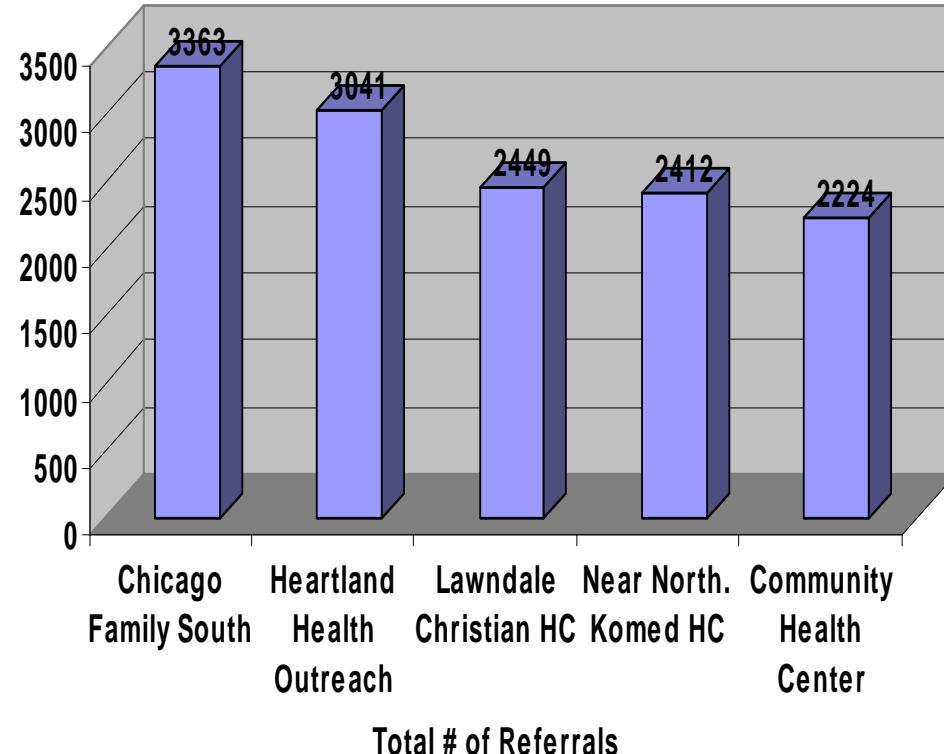
- 93% of the ACHN Community Clinics Increased their # of IRIS Referrals submitted compared to 2008 (only Robbins decreased demand)
- ACHN Community Clinics account for 48% of all IRIS Referrals Submitted.

# IRIS Partner Data 2009

Partners submitted over 27,000 Referral in 2009

\*Partners accounted for **13%** of all IRIS referrals in 2009

Top 5 Partners of 2009



# IRIS Partner Data 2009

Partners submitted over 27,000 Referral in 2009

| Clinic                           | Total Demand | Peds Referrals |
|----------------------------------|--------------|----------------|
| <b>Chicago Family South</b>      | <b>3363</b>  | <b>600</b>     |
| <b>Heartland Health Outreach</b> | <b>3041</b>  | <b>15</b>      |
| <b>Lawndale Christian HC</b>     | <b>2449</b>  | <b>6</b>       |
| <b>Near North. Komed HC</b>      | <b>2412</b>  | <b>73</b>      |
| <b>Community Health Center</b>   | <b>2224</b>  | <b>0</b>       |

# 2008 New Initiatives

- Primary Care Provider Referrals
- IRIS for KIDS



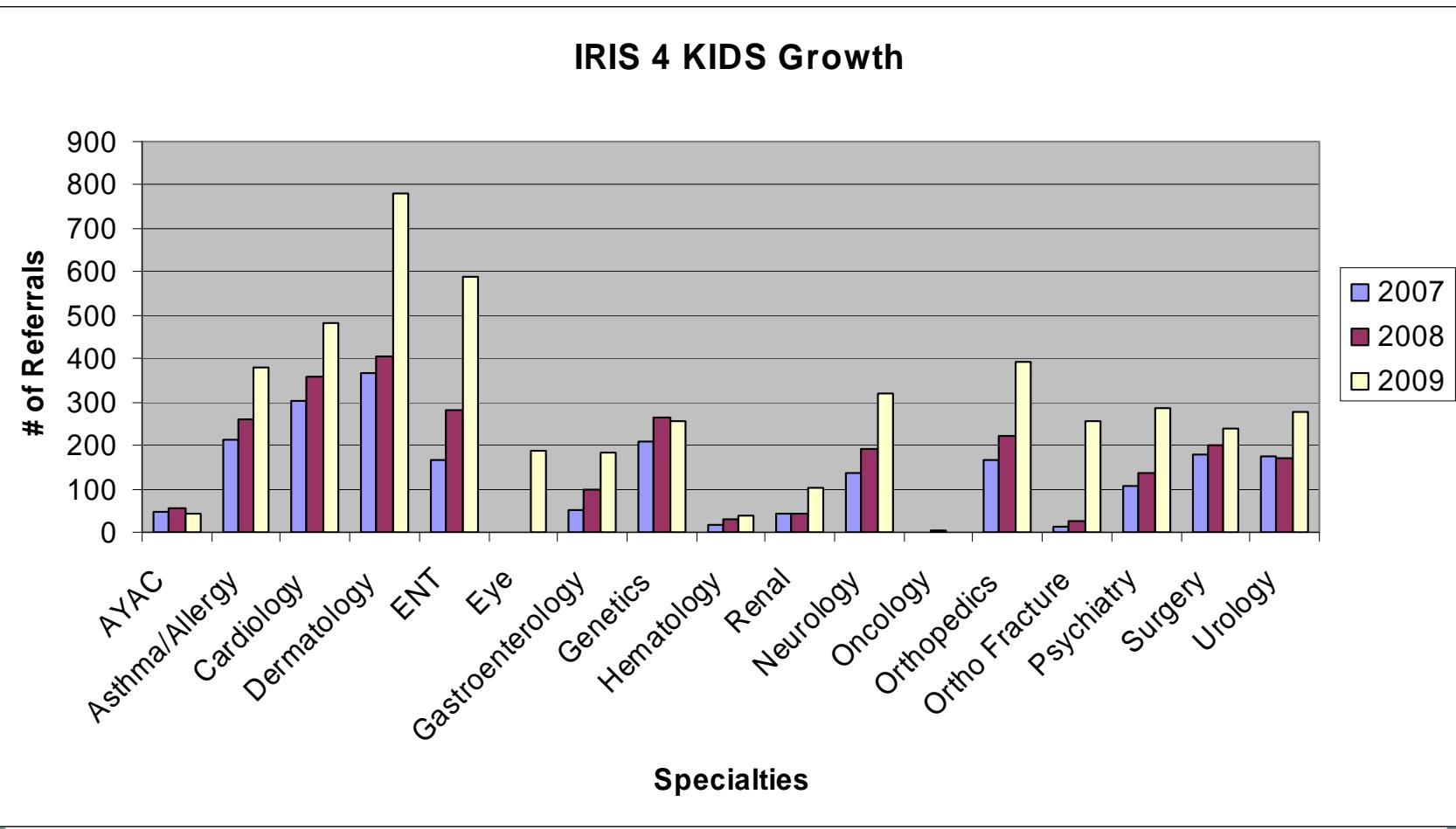
IRIS for **KIDS**



IRIS for **KIDS**

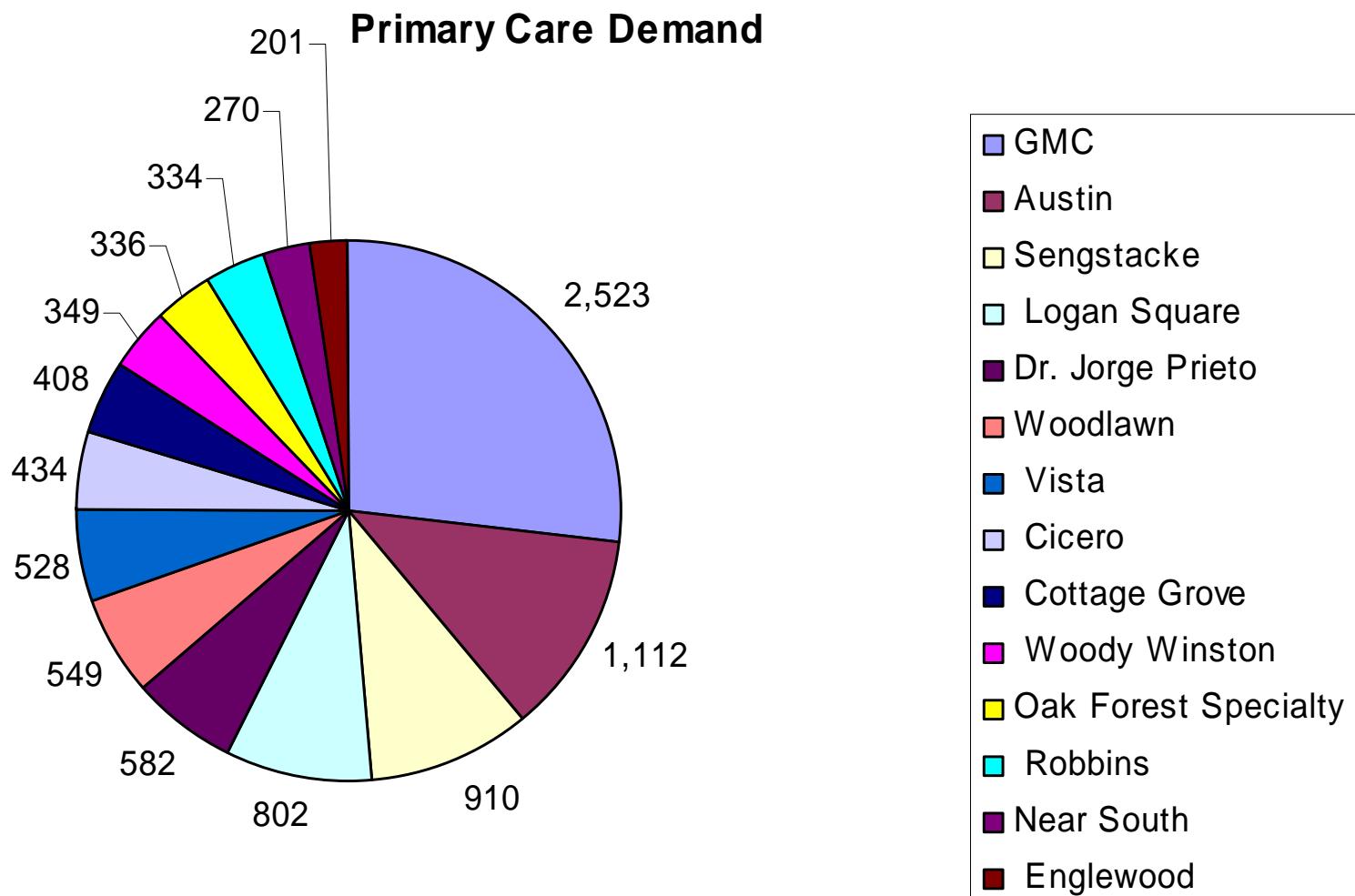
- IRIS for KIDS is a program created to provide a patient friendly modality for which to refer pediatric patients for services. It features Instant Appointing and guaranteed electronic results to the referring provider. This program was initiated in August 2008.

# 2009 IRIS 4 KIDS Growth



# PCP Referrals 2009

9,446 Primary Care Referrals placed in 2009 against 6,706 in 2008



## **IRIS Partner Clinics**

|  |
|--|
| Access to Care                           |
| Alivio - Western                         |
| Alivio - 21st Street                     |
| American Indian Health Center            |
| Bethany Hospital                         |
| CDPH Englewood Health Center             |
| CDPH Near North Mental Health Center     |
| CDPH Lawndale Mental Health Center       |
| CDPH Lower Westside Neighborhood Clinic  |
| CDPH North West Mental Health Center     |
| CDPH Roseland City                       |
| CDPH South Chicago City                  |
| CDPH South Lawndale Clinic               |
| CDPH Uptown City                         |
| CDPH West Town Neighborhood Clinic       |
| Chicago Family Roseland                  |
| Chicago Family South                     |
| Community Health Center                  |
| Erie Family Health                       |
| Erie Helping Hands Clinic                |
| Erie Family Health Humboldt Park         |
| Erie FHC Erie Teen Health Center         |
| Erie Family Health, West Town            |
| Erie Family Health, Westside             |
| Esperanza Health Center                  |
| Heartland Health Outreach                |
| Infant Welfare Health Center             |
| Lawndale Christian Health Center         |
| Mile Square Near West Family Center      |
| Mile Square Better Care for Youth Health |
| Mile Square Center @ Suder Elementary    |
| Mile Square Health Center @ James        |
| Mile Square Jordan Boys and Girls Club   |
| Mile Square Health Center                |
| Near North Health Services Corporation;  |
| Komed Health Center                      |
| Near North HSC; Louise Landau Clinic     |
| Near North HSC; Winfield Moody Clinic    |
| St. Anthony Hospital                     |
| St. Anthony Centro Medico @ Cicero       |
| St. Anthony Hospital Physicians Center   |
| St. Elizabeth Hospital                   |

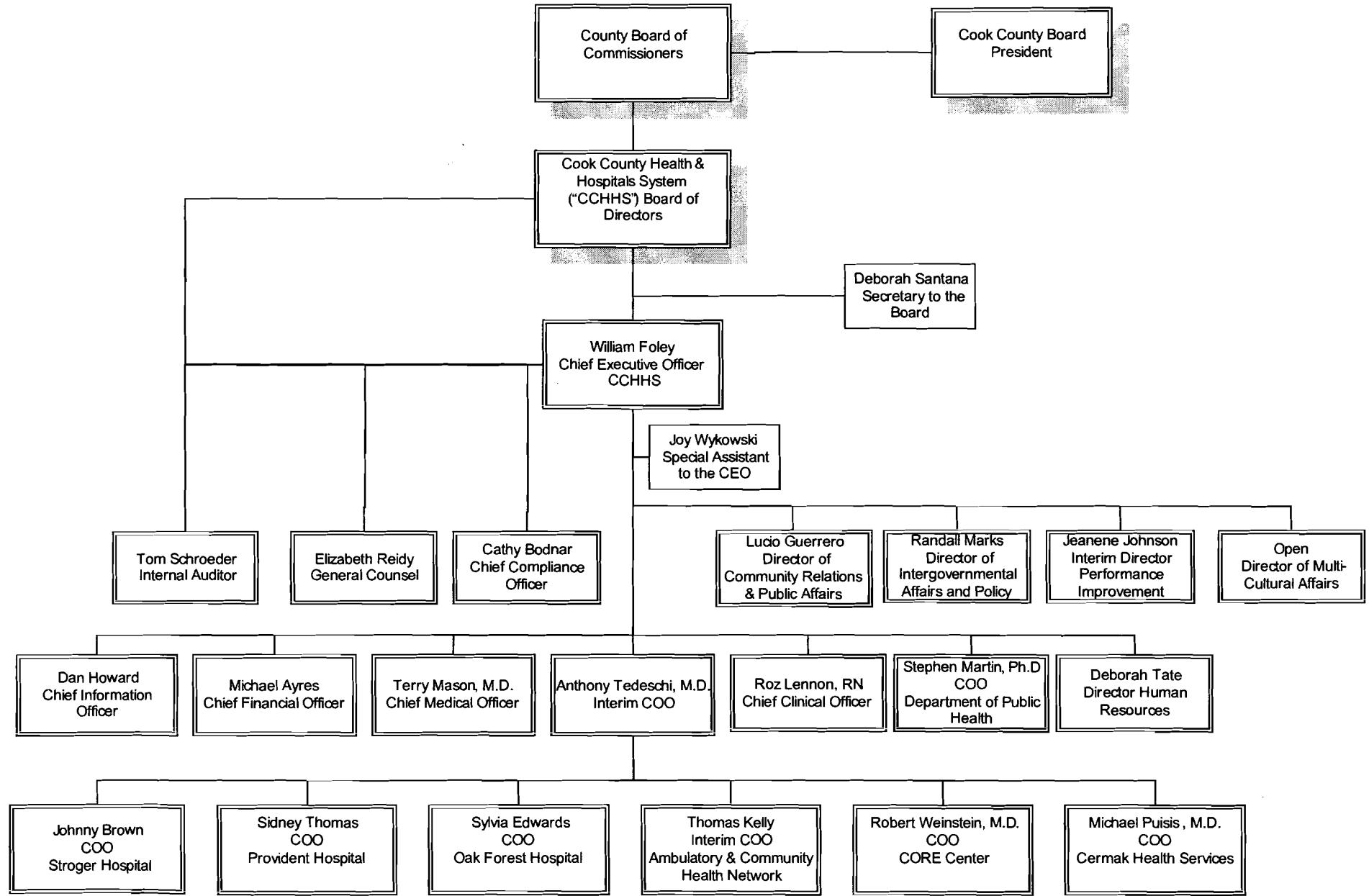
## **Only Pediatric Access**

|  |
|--|
| La Rabida                                  |
| <b>Illinois Health Connect Partners</b>    |
| Aliaga Health Center                       |
| PCC Lake Street Family Heath (Oak Park)    |
| PCC South                                  |
| Young Family Health Associates             |
| <b>University of Chicago Partners</b>      |
| Access - Auburn Gresham                    |
| Access - Brandon                           |
| Access - Booker                            |
| Access - Grand Blvd.                       |
| Access - Jackson Park                      |
| Access - South State                       |
| Access Illinois Eye Institute              |
| Beloved Community Health                   |
| Chicago Family South Chicago               |
| Christian Community - Halsted              |
| Christian Community - South Holland        |
| Christian Community - Calumet City         |
| Friend Family Health - East                |
| Mile Square - Main                         |
| Mile Square - BOTY                         |
| Komed Near North Health Center             |
| U of C Emergency                           |
| U of C Pediatric Outpatient                |
| TCA - Health                               |
| <b>Medical Home Network (MHN) Partners</b> |
| Cavero Medical Group                       |
| Dr. Kowalski's Office                      |
| Mercy Medical - Pulaski                    |
| Nazih Khatib, M.D                          |
| Pilsen Community Peds - Cermak             |
| Pilsen Community Peds - Pilsen             |
| St. Jude Medical                           |

**\*\*73 Active IRIS Partner Sites**

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ATTACHMENT #2



Cook County Health and Hospitals System  
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ATTACHMENT #3

# Cook County Health & Hospitals System

## Operations Stoplight Report-2010

The color in the far right column denotes the progress of the operational initiative.

Significant Issue (SI) Red = 8%

Outstanding Issue/On Track (OI/OT) Yellow = 91%

Complete (C) Green = 1%

The color in the far left column denotes the category of the operational initiative as defined below.

|            |                       |            |         |                        |                      |              |                       |                    |
|------------|-----------------------|------------|---------|------------------------|----------------------|--------------|-----------------------|--------------------|
|            |                       |            |         |                        |                      |              |                       |                    |
| Leadership | Financial Performance | Efficiency | Quality | Service & Satisfaction | Workforce Excellence | Market Share | Physician Partnership | Strategic Planning |

**Cook County Health & Hospitals System**  
**Operations Stoplight Report-2010**

| <b>Ops Number</b> | <b>Description</b>   | <b>Assignee</b>                  | <b>Co-Assignee</b> | <b>Due Date</b> | <b>Revised Due Date</b> | <b>Comments</b>   | <b>Status</b> |
|-------------------|--|----------------------------------|--------------------|-----------------|-------------------------|---|---------------|
| 1                 | Develop and implement a formal leadership program that builds a three year curriculum for CCHHS leadership and incorporates competency assessment as a part of the program<br>-Management Assessment | System Director HR               | System CEO         | 11/30/2010      |                         | Currently completing management assessment program.<br><br>Contacting vendors and looking at adding an OD leader for the System | OI/OT         |
| 2                 | Develop and implement an annual communication plan. The plan should be based on a needs assessment and incorporate evidence-based methods aimed at improving communication within CCHHS              | System Director Public Relations | System CEO         | 3/31/2010       |                         | Currently compiling data  | OI/OT         |
| 3                 | Develop and implement a Board of Trustees Education Program that includes three year curriculum  | System CEO                       | Board of Directors | 4/30/2010       |                         | In process  | OI/OT         |
| 4                 | Develop Department Chair/System Director/Physician Leadership Education Program that includes a three year curriculum  | System CMO                       | Director Education | 4/30/2010       |                         | Leadership assessment underway. Educational Program will be tailored to need  | OI/OT         |

# Cook County Health & Hospitals System

## Operations Stoplight Report-2010

| <b>Ops Number</b>     | <b>Description</b>   | <b>Assignee</b> | <b>Co-Assignee</b>          | <b>Due Date</b> | <b>Revised Due Date</b> | <b>Comments</b>   | <b>Status</b> |
|-----------------------|--|-----------------|-----------------------------|-----------------|-------------------------|---|---------------|
| 5                     | Implement Monthly Operating Reviews ("MORs") for each operating site in support of building a culture of accountability  | System COO      | System Director Operations  | 2/28/2010       |                         | Process to be reviewed at 2/24 HOT meeting  | OI/OT         |
| 6                     | Establish CCHHS system level diversity program including:<br>- director level position<br>- education and training<br>- system level focus   | CEO             | System Director HR          | 5/31/2010       |                         | System Director of Multicultural Affairs posted and candidates have been scheduled for interviews   | OI/OT         |
| 7<br><b>(Stroger)</b> | Develop and implement a collaborative "Innovation Initiative" that achieves:<br>- hospital wide learning around innovation strategies<br>- successfully improves a system or process impacting patient care<br>- provides a forum for spreading learning | Stroger CMO     | Stroger COO and Stroger CNO | 9/30/2010       |                         | Steering group formed and met. Project selected. Objectives being identified. Needed resources being surveyed and costed out.<br><br>Planning of nursing website to inform staff of new policy, changes within the system and education without going to the classroom. | OI/OT         |
| 8                     | Achieve the CCHHS FY10 Operating Budget including incorporating \$80M budgeted savings and \$26M reduction related to tax roll back  | Senior Mgmt     | System COO                  | 11/30/2010      |                         | Formal plan outlining reduction strategy due 3/8  | OI/OT         |

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|-------------------|--|----------------------------|--------------------------|-----------------|-------------------------|--|---------------|
| <b>9</b>          | Perform a comprehensive assessment of CCHHS physician resources and provide recommendations for restructuring that ensure: <ul style="list-style-type: none"> <li>- clearly defined expectations based on the CARTS model</li> <li>- clearly communicated expectations</li> <li>- rebalancing to achieve cost savings as defined by Navigant</li> <li>- performance improvement in terms of access, quality, service and efficiency</li> </ul> | System CMO                 | Site CMOs                | 5/31/2010       |                         | System CMO working with physician leadership to define plan.   | <b>OI/OT</b>  |
| <b>10</b>         | Manage the revenue cycle improvement project and achieve targeted savings  | VP Revenue Cycle           | System CFO               | 11/30/2010      |                         | Anticipating early completion around August 1, 2010  | <b>OI/OT</b>  |
| <b>11</b>         | Implement complete online Physician documentation (Power Note) across the System   | CIO System                 | CMO System               | 11/30/2010      |                         | Nursing assessment completed. Meetings scheduled to map out the deliverables, develop the project plans and determine budget required to complete Physician documentation. | <b>OI/OT</b>  |
| <b>12</b>         | Develop and implement a comprehensive Internal Audit function within CCHHS   | Director of Internal Audit | Audit Committee of Board | 6/30/2010       |                         | Director has presented overview of process to build and implement function.  | <b>OI/OT</b>  |

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| <b>Ops Number</b>   | <b>Description</b>   | <b>Assignee</b>                  | <b>Co-Assignee</b>            | <b>Due Date</b> | <b>Revised Due Date</b> | <b>Comments</b>  | <b>Status</b> |
|---------------------|--|----------------------------------|-------------------------------|-----------------|-------------------------|--|---------------|
| 13                  | Develop and implement a comprehensive Risk Management function within CCHHS  | Director of Risk Mgmt            | CCHHS General Counsel         | 6/30/2010       |                         | Have identified System Director to begin in March.   | OI/OT         |
| 14                  | Develop and implement a comprehensive Corporate Compliance function within CCHHS   | Director of Corporate Compliance | Compliance Committee of Board | 6/30/2010       |                         | Director has presented overview of process to build and implement function.  | OI/OT         |
| 15                  | Formally evaluate the opportunity to outsource system food and environmental services resulting in:<br><ul style="list-style-type: none"><li>- annualized savings of at least \$5M</li><li>- measurable improvement in quality and service</li></ul> | System COO                       | System CFO                    | 5/31/2010       |                         | Draft RFP Proposal completed.<br>Preliminary financial analysis complete. Evaluating for operational practicality.   | OI/OT         |
| 16                  | Complete reductions outlined in Phase 1 and Phase 2 of Workforce Rebalancing Plan:<br><ul style="list-style-type: none"><li>- achieve budgeted savings</li><li>- accomplish management restructuring</li></ul>                                       | System COO                       | System CCO and System CMO     | 4/30/2010       | 8/30/2010               | Phase 1 reductions have eliminated approximately 1000 FTE positions (vacant and filled). Phase 2 has identified 397 positions for elimination and is in planning stages. Phase 2 shifted to August 2010. | OI/OT         |
| 17<br><b>(ACHN)</b> | Develop and implement 90 day Plan to improve performance within ACHN. Plan must measurably improve:<br><ul style="list-style-type: none"><li>- quality</li><li>- financial</li><li>- performance/efficiency</li><li>- access/service</li></ul>       | ACHN COO                         | ACHN CMO and ACHN CNO         | 2/28/2010       |                         | Plan delineated and implementation in progress.  | OI/OT         |

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|-----------------------|--|------------------|---------------------------|-----------------|-------------------------|--|---------------|
| <b>18</b>             | Develop and begin implementation of an IT Strategic Plan   | System CIO       | System CEO                | 11/30/2010      |                         | Extensive infrastructure upgrades to the network, desktop, email and office automation systems. Capital and operations budgets have been developed to support this effort. First capital request has been presented for the start of the network upgrades. | <b>OI/OT</b>  |
| <b>19</b>             | Manage the ERP implementation to time and budget including general ledger, payroll, materials management, and human resources  | System CFO       | System CIO and System COO | 11/30/2010      |                         | General ledger complete. Working on interface with County regarding human resources, materials management and accounting.  | <b>OI/OT</b>  |
| <b>20</b>             | Improve process for charging for professional fees throughout CCHHS and increase fees by 25% comparing FY09 versus FY10  | VP Revenue Cycle | System CFO                | 11/30/2010      |                         | Program scope determine, workplan to confirm economic benefits designed. Contract in negotiation for initial implementation stages.  | <b>OI/OT</b>  |
| <b>21<br/>(CORE)</b>  | Increase extra-mural funding (\$8.8 million in 2009) by 5%   | CORE COO         |                           | 11/30/2010      |                         | Year-long activity but we appear to be about 60% of way toward achieving goal  | <b>OI/OT</b>  |
| <b>22<br/>(CCDPH)</b> | Conduct an assessment of the WIC grant program administered by CCDPH for its future direction in fiscal year 2012 and collaboration with other System components   | CCDPH COO        | CCDPH CNO                 | 6/30/2010       |                         | Delayed due to H1N1  | <b>SI</b>     |
| <b>23<br/>(CCDPH)</b> | Implement 100% Electronic Medical Records. Install and implement the use of the Cerner system throughout the CCDPH clinical operation. Also, integrate existing CCDPH clinical information systems with the Cerner application | CCDPH COO        | System CIO                | 11/30/2010      |                         | In progress  | <b>OI/OT</b>  |

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|-------------------------|---|--|---------------------------|-----------------|-------------------------|--|---------------|
| <b>24</b>               | Implement a daily productivity management system and demonstrate consistent staffing as compared to national benchmarks   | Director PIP   | System COO and site COOs  | 7/31/2010       |                         | Program development is part of performance improvement RFP.          | <b>OI/OT</b>  |
| <b>25</b>               | Implement CareLink Program within all CCHHS sites   | VP Revenue Cycle                                       | System CFO                | 3/31/2010       | 4/30/2010               | Delay result of change in Chamberlin Edmonds project implementation. | <b>OI/OT</b>  |
| <b>26</b>               | Develop and implement Patient Access Strategy throughout CCHHS. Measurably improve:<br><ul style="list-style-type: none"> <li>- average wait times in clinic sites</li> <li>- availability of appointments.</li> <li>- patient satisfaction</li> <li>- conversion rates to Medicaid/Medicare</li> </ul> | VP Revenue Cycle                                       | System COO and local COOs | 7/31/2010       |                         | Initial plan design has been completed.                              | <b>OI/OT</b>  |
| <b>27</b>               | Centralize and integrate building and trades functions within CCHHS including:<br><ul style="list-style-type: none"> <li>- hire a system director</li> <li>- assure the ability to move workforce within CCHHS</li> </ul>   | System COO   | System Director HR        | 5/31/2010       |                         | Job description written and position posted recruitment underway.    | <b>OI/OT</b>  |
| <b>28<br/>(Stroger)</b> | Improve flow-thru for Stroger Hospital OR patients by at least 10% comparing FY09 and FY10  | System Director Periop. Services, System Chair Surgery | Stroger COO, CNO, and CMO | 11/30/2010      |                         | In progress, data to report next month                               | <b>OI/OT</b>  |

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|----------------------|--|--|--|-----------------|-------------------------|---|---------------|
| 29                   | Fully develop an internal capacity for providing HR functions within CCHHS that include:<br><ul style="list-style-type: none"> <li>- define industry benchmarks</li> <li>- demonstrate improvement on selected benchmarks</li> <li>- negotiate with labor to improve the current displacement process</li> </ul> | System Director HR   | System CEO                                     | 11/30/2010      |                         | In process  | OI/OT         |
| 30                   | Fully develop an internal capacity for providing purchasing functions within CCHHS that include:<br><ul style="list-style-type: none"> <li>- demonstrate improvement on selected benchmarks</li> <li>- relocation of key processes within CCHHS (including contract compliance)</li> </ul>                       | System Director Supply Chain Mgmt  | System COO                                     | 6/30/2010       |                         | Significant redesign in process- 120 day plan implemented.                | OI/OT         |
| 31<br><b>(CCDPH)</b> | Implement 100% Electronic Environmental Health Inspection & Communicable Disease Control Records. Automate the Environmental Health Services Unit and Communicable Disease & Control Unit.   | CCDPH COO  | CCDPH Director Information Systems             | 10/30/2010      |                         | Waiting for bid to be release by the Health System to the public.         | OI/OT         |
| 32                   | Improve flow-thru for Stroger, Oak Forest and Provident Hospital colonoscopy patients by at least 25% comparing FY09 and FY10<br><ul style="list-style-type: none"> <li>- Decrease backlog by 50%</li> </ul>   | System Director Periop. Services, Stroger COO, Oak Forest COO, Provident COO | Stroger CMO<br>Oak Forest CMO<br>Provident CMO | 11/30/2010      |                         | Active efforts underway at Stroger as initial site of improvement effort. | OI/OT         |

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|------------------------------------|--|---|-------------------------------------|-----------------|-------------------------|--|---------------|
| <b>33</b>                          | Establishment of system-wide Float Pool (in house registry)for Nursing /Patient Care<br>- Gather information of best practices<br>- Create task force to develop proposal for float pool (nursing staff and management, HR, finance) | System CCO                                  | System Director HR                  | 6/30/2010       |                         | In process of establishing a baseline staffing grid  | OI/OT         |
| <b>34</b>                          | Assure that lab consolidation remains on track with plan (ACHN, Provident, and Oak Forest)<br>- evaluate opportunity to consolidate services within IMD  | System CCO                                  | System Lab Director                 | 5/31/2010       |                         | -System consolidation on track.<br>-Meeting with IMD<br>-Follow Up meeting with individual medical center scheduled Feb. | OI/OT         |
| <b>35<br/>(ACHN)<br/>(Stroger)</b> | Improve flow-thru for Stroger Hospital specialty clinic patients by at least 10% comparing FY09 and FY10   | ACHN COO<br>Stroger COO                     | ACHN CMO<br>ACHN CNO<br>Stroger CMO | 11/30/2010      |                         | Initiative in planning phase.  | SI            |
| <b>36</b>                          | Maintain full accreditation status with Joint Commission at all CCHHS sites  | System CMO,<br>System CCO and<br>System COO | Local site senior management        | 11/30/2010      |                         | Active efforts at Stroger Hospital to prepare for upcoming survey.   | OI/OT         |

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|-------------------|--|---------------------------|----------------------------|-----------------|-------------------------|--|---------------|
| 37                | Achieve accreditation at Cermak  | Cermak COO                | Cermak CMO<br>Cermak CNO   | 11/30/2010      |                         | Structured wiring 44% completed. EMR Discovery completed build starting. Policies 48% completed. Pilots on major initiatives start March 1. Anticipate seeking accreditation visit sometime August-November.<br>DOJ to Cook County Board March meeting   | OI/OT         |
| 38                | Identify and implement a plan that measurably decreases the occurrence of line sepsis in CCHHS patients.   | System CMO                | Site CMOs                  | 11/30/2010      |                         | Currently underway with new Quality Implementation plan. Will be presented at the March QPS.   | OI/OT         |
| 39                | Each CCHHS department will complete at least one performance improvement using PDSA methodology and:<br><ul style="list-style-type: none"> <li>- Incorporate front line staff education</li> <li>- Incorporate medical staff involvement</li> <li>- include a forum to share learning</li> </ul> | System CMO and System CCO | System Director of Quality | 9/30/2010       |                         | Currently underway with new Quality Implementation plan. Will be presented at the March QPS.   | SI            |
| 40                | Achieve "best in class" performance in CCHHS ED/Trauma operations as measured by consistently exceeding established benchmarks/goals   | System Chair ED Services  | System CMO and System CCO  | 11/30/2010      |                         | Identified strengths / weaknesses / direction. Working Groups:<br><ol style="list-style-type: none"> <li>1. System ED nursing reorganization</li> <li>2. Staff reconfiguration to improve efficiency</li> <li>3. Improved trauma/ED integration</li> <li>4. Creation of observation units at Provident/OFH to decrease hospital LOS and free inpatient beds</li> </ol> | OI/OT         |

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| <b>Ops Number</b> | <b>Description</b>  | <b>Assignee</b>                                    | <b>Co-Assignee</b>                               | <b>Due Date</b> | <b>Revised Due Date</b> | <b>Comments</b>  | <b>Status</b> |
|-------------------|---|--|--|-----------------|-------------------------|--|---------------|
| <b>41</b>         | Achieve "best in class" performance in CCHHS OR operations as measured by consistently exceeding established benchmarks/goals | System Director Surgery                            | System Chair Surgery and System Chair Anesthesia | 11/30/2010      |                         |  | OI/OT         |
| <b>42</b>         | Redesign the overall quality structure and function within CCHHS and implement the new structure                              | System CCO and System CMO                          | System Director Quality                          | 6/30/2010       |                         | -Structure in process of revision<br>- Identification of consultants to review prior to implementation | OI/OT         |
| <b>43</b>         | Develop and implement a system level dashboard for the BOT  | Director PIP                                       | System COO                                       | 5/31/2010       |                         | In progress  | OI/OT         |
| <b>44</b>         | Achieve and maintain "best-in-class" performance in CHF care as measured by the Core Measures at all CCHHS sites              | System Chair Critical Care System Chair Cardiology | System CMO and System CCO                        | 11/30/2010      |                         |  | OI/OT         |
| <b>45</b>         | Achieve and maintain "best-in-class" performance in Pneumonia care as measured by the Core Measures at all CCHHS sites        | System Chairs of Critical Care & Pulmonary Care    | System CMO and System CCO                        | 11/30/2010      |                         |  | OI/OT         |

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|-----------------------|--|------------------------|-----------------------------------|-----------------------------|-------------------------|---|---------------|
| <b>46</b>             | Maintain measurable "best-in-class" performance in OB care (as measured by industry benchmarks)  | System Chair of OB     | System CMO, and System CCO        | 11/30/2010                  |                         |   | OI/OT         |
| <b>47</b>             | Development of Patient Safety and Quality Structure for Nursing:<br>-recruit and hire Patient Safety and Quality Director (in conjunction with CMO)<br>-identify current nursing quality measures and nursing sensitive indicators within sites<br>-establish structure for review and reports, Create Nursing Dashboard | System CCO             | Local Site CNOs                   | 8/31/2010                   |                         | - Process for hiring nursing quality director is underway<br>-Current quality measures to be collected early March.<br>-Stroger Nursing indicators submitted to Ms Lennon 2/18/2010 | OI/OT         |
| <b>48</b>             | Complete Periodic Performance Review evaluations for each site. All deficient standards fully compliant (based on action plans submitted)  | Local Site Senior Mgmt | Local Site Director Quality       | Dates specific to each site |                         | Stroger Hospital in process   | OI/OT         |
| <b>49<br/>(CORE)</b>  | Increase the number of persons tested for HIV (~24,000 in 2009) by 5%  | COO CORE               | CMO CORE                          | 11/30/2010                  |                         |   | SI            |
| <b>50<br/>(CCDPH)</b> | Integrate 75% of the public health TB prevention, care, and control program with the System Pulmonary and Critical Care Medicine Division to increase program effectiveness, maximize the sharing of personnel and training opportunities, and reduce the impact of TB in the jurisdiction                               | COO CCDPH              | System Chair Pulmonary System CMO | 11/30/2010                  |                         | In progress   | OI/OT         |

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|------------------------|--|---------------------------|--|-----------------|-------------------------|--|---------------|
| 51                     | Improve the overall patient satisfaction score on Press-Gainey survey and demonstrate improvement at each site on patient satisfaction surveys   | Local Site Senior Mgmt    | System COO<br>System CMO<br>System CCO | 11/30/2010      |                         | A team is now in place and strategies are being developed. Strategies should not deviate from hospital-to-hospital but rather best practices should be implemented. Will be ready to discuss at the system level by mid March. | OI/OT         |
| 52<br><b>(Stroger)</b> | Develop and implement short term solution to parking challenges that improves access for patients and families   | Stroger CFO               | Stroger COO                            | 2/15/2010       | 3/15/2010               | We have developed and implemented a short-term parking solution. The challenge now is to get employees to volunteer rather than drafting employees to use the newly developed lot. Contingency plans are being developed now.  | OI/OT         |
| 53                     | Design and implement a pilot project at Stroger Hospital that redesigns patient care around the needs of our maternal-child patients and families -achieve 25% improvement in satisfaction score | Stroger CMO               | Stroger CNO                            | 8/31/2010       |                         | Steering group met. Scheduled follow-ups. Objectives and metrics being identified. Baseline data obtained. Resources being identified  | OI/OT         |
| 54                     | Implement a centralized scheduling function for outpatient services as a part of an integrated plan to improve patient access  | System VP Revenue Cycle   | System CFO                             | 8/31/2010       |                         |  | OI/OT         |
| 55                     | Redesign web-site to be more patient focused   | Director Public Relations | System CIO                             | 6/30/2010       |                         | Assessing contractual obligation to website provider.  | OI/OT         |

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| Ops Number             | Description  | Assignee           | Co-Assignee               | Due Date   | Revised Due Date | Comments   | Status |
|------------------------|--|--------------------|---------------------------|------------|------------------|--|--------|
| 56<br><b>(Stroger)</b> | Develop and implement a plan to improve services for Latino patients within Stroger Hospital   | Stroger COO        | Stroger CNO               | 7/31/2010  |                  | L&D area. Working with public affairs to purchase educational videos for TV in Spanish for learning. Working to hire more Spanish speaking nurses.   | OI/OT  |
| 57                     | Relocate OB services from the Fantus Clinic to Stroger Hospital enhancing the experience for our patients  | Stroger COO        | ACHN COO                  | 8/31/2010  |                  |  | SI     |
| 58<br><b>(CORE)</b>    | Increase out-patient satisfaction based on annual evaluation by 5% for each area targeted by CORE Center survey of 2009                          | COO CORE           |                           | 11/30/2010 |                  | The satisfaction survey is conducted yearly and due later this year  | OI/OT  |
| 59                     | Develop a plan to successfully implement a policy that addresses the issue of dual employment among CCHHS providers                              | System CMO         | System Director HR        | 5/31/2010  |                  | Working with Law to finalize. Language change needed.  | OI/OT  |
| 60                     | Initiate an employee satisfaction survey and subsequently develop/implement a comprehensive plan to improve the employee experience within CCHHS | System Director HR | System COO                | 11/30/2010 |                  | HR Director at Provident is currently working on the issue and has suggestions on how to address an internet based competency program at Provident and is on track to meet this objective. | OI/OT  |
| 61                     | Develop and implement a targeted plan that assures >95% compliance with FMLA benefit policy  | System Director HR | System CCO                | 5/31/2010  |                  |  | SI     |
| 62                     | Communicate in multiple formats the new CCHHS strategic plan to all CCHHS employees, physicians and key stakeholders                             | CEO                | Director Public Relations | 9/30/2010  |                  | In process   | OI/OT  |

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|---------------------------|---|-----------------------|---|-----------------|-------------------------|---|---------------|
| <b>63</b>                 | Implement a redesigned employee performance review system to be used throughout CCHHS   | Director HR           | General Counsel   | 11/30/2010      |                         |   | <b>SI</b>     |
| <b>64</b>                 | Develop System-wide Nursing Professional Development and Education department:<br><ul style="list-style-type: none"> <li>- recruit and hire a Director</li> <li>- complete an educational assessment process.</li> <li>- review current Affiliations and establish new process for identification and inclusion.</li> <li>- rebalance Educational resources to meet identified need.</li> </ul> | System CCO            | Director of Nursing Professional Development and Education<br><br>General Counsel | 8/31/2010       |                         | <ul style="list-style-type: none"> <li>-Interviews occurring 2/24</li> <li>- Current affiliations in process of review.</li> <li>- Grid developed to review all schools.</li> <li>-Letters to be sent to all schools Feb 2010.</li> <li>-New organizational structure will centralize resources.</li> </ul> | <b>OI/OT</b>  |
| <b>65<br/>(Provident)</b> | Develop an internet based system for assuring annual competencies. The pilot program should be designed with the intent of spreading the program throughout CCHHS   | Provident HR Director | Provident COO   | 7/31/2010       |                         | Forming workgroup to review existing internet-based learning systems and competencies that are best suited for such learning.   | <b>OI/OT</b>  |
| <b>66<br/>(CCDPH)</b>     | Develop, implement, update, and publish the CCHHS Emergency Management Plan   | CCDPH COO             | CCDPH Deputy Director   | 11/30/2010      |                         |   | <b>SI</b>     |
| <b>67<br/>(Provident)</b> | Develop and present to senior leadership a business plan for developing a hospice unit at Provident Hospital  | Provident COO         | Provident CMO<br>Provident CNO  | 5/31/2010       |                         | Workgroup formed consisting of Provident management staff and a representative of Vitas Hospice. Reviewing need, cost and revenue benefit.  | <b>OI/OT</b>  |

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|----------------------------|---|-----------------|--------------------------------------|-----------------|-------------------------|--|---------------|
| <b>68<br/>(Provident)</b>  | Develop and present to senior leadership a business plan for developing a free standing urgent care center at Provident                             | Provident COO   | Provident CMO<br>Provident CNO       | 5/31/2010       |                         | Workgroup formed consisting of Provident management staff. Reviewing previous work of Provident/UCMC workgroup that focused on same issue. | <b>OI/OT</b>  |
| <b>79<br/>(Oak Forest)</b> | Develop and present to senior leadership a business plan for developing a 24 hour observation ED at Oak Forest Hospital                             | Oak Forest COO  | Oak Forest CMO<br>Oak Forest CNO     | 5/31/2010       |                         |  | <b>OI/OT</b>  |
| <b>70<br/>(Oak Forest)</b> | Develop and present to senior leadership a business plan for developing a sleep studies center at Oak Forest Hospital                               | Oak Forest COO  | System Chair Critical Care           | 5/31/2010       |                         | Plan completed   | <b>C</b>      |
| <b>71<br/>(Oak Forest)</b> | Develop and present to senior leadership a business plan for developing a comprehensive expansion of rehabilitation services at Oak Forest Hospital | Oak Forest COO  | System Chair Rehabilitation Medicine | 5/31/2010       |                         |  | <b>OI/OT</b>  |

**Cook County Health & Hospitals System**  
**Operations Stoplight Report-2010**

| <b>Ops Number</b>     | <b>Description</b>   | <b>Assignee</b> | <b>Co-Assignee</b>              | <b>Due Date</b> | <b>Revised Due Date</b> | <b>Comments</b>  | <b>Status</b> |
|-----------------------|--|-----------------|---------------------------------|-----------------|-------------------------|--|---------------|
| <b>72<br/>(CCDPH)</b> | Conduct a full assessment of the (CCDPH) and the Chicago Department of Public Health programs to explore continued operational sharing to reduce personnel and impersonal costs while meeting their respective mandated responsibilities   | CCDPH COO       | CCDPH Policy Director           | 11/30/2010      |                         | In progress  | OI/OT         |
| <b>73</b>             | Designing and implementing pilot projects at two ACHN sites that measurably improve access, productivity, financial performance, and patient/employee satisfaction   | ACHN COO        | ACHN CMO and ACHN CNO           | 8/31/2010       |                         | Projects underway with Ambulatory Screening Clinic (ASC), GMC, and Robbins Health Center | OI/OT         |
| <b>74</b>             | Redesign physician/provider accountability model to ensure that CCHHS physicians/providers are: <ul style="list-style-type: none"> <li>- providing clinic hours on weekends and evenings</li> <li>- on average providing clinical hours (direct patient care) at least 80% of time</li> <li>- meet or exceed established productivity standards</li> <li>- meet or exceed established quality/service standards</li> </ul> | System CMO      | Local site physician leadership | 6/30/2010       |                         | Process in place to expand hours   | OI/OT         |
| <b>75</b>             | Develop a physician leadership and development program that invests \$250,000 annually in educating and training our physician leaders   | System CEO      | System CMO                      | 3/31/2010       |                         |  | OI/OT         |

**Cook County Health & Hospitals System**  
**Operations Stoplight Report-2010**

| <b>Ops Number</b> | <b>Description</b>   | <b>Assignee</b> | <b>Co-Assignee</b>         | <b>Due Date</b> | <b>Revised Due Date</b> | <b>Comments</b>  | <b>Status</b> |
|-------------------|--|-----------------|----------------------------|-----------------|-------------------------|--|---------------|
| 76                | Develop and implement a single administrative and clinical leadership structure for all adult critical care services   | System CMO      | System Chair Critical Care | 4/31/2010       |                         |  | OI/OT         |
| 77                | Develop and implement two pilot projects with Federally Qualified Health Centers aimed at building a partnership model that can be successfully replicated and spread within CCHHS | System COO      | System CMO                 | 6/30/2010       |                         | Family Christian Health Center and Alivio Medical Center have been identified as potential project partners and initial meetings have occurred with each.  | OI/OT         |
| 78                | Develop a formal service line analysis for Maternal Child Services and present to system leadership  | System COO      | System CCO                 | 4/30/2010       |                         | Planning work is underway. Team design is almost completed. Initial meeting is being planned for February.   | OI/OT         |
| 79                | Develop and implement IT Strategic Plan that includes electronic health record within five year timeline   | System CIO      | System COO/CFO             | 8/31/2010       |                         | This goal is part of item #11 but is extended to include all input sources for the patient record. Currently, meetings are being scheduled with vendors and staff to outline the requirements for an all inclusive medical record and to identify the sources both manual and automatic that have to be addressed. | OI/OT         |

**Cook County Health & Hospitals System**  
**Operations Stoplight Report-2010**

| <b>Ops Number</b> | <b>Description</b>   | <b>Assignee</b> | <b>Co-Assignee</b>        | <b>Due Date</b> | <b>Revised Due Date</b> | <b>Comments</b>   | <b>Status</b> |
|-------------------|--|-----------------|---------------------------|-----------------|-------------------------|---|---------------|
| <b>80</b>         | Develop a formal service line analysis for ED/Trauma Services and present recommendations to system leadership                               | System CMO      | System CCO                | 4/30/2010       |                         | Strategic Planning process has been initiated and meetings are in progress. | <b>OI/OT</b>  |
| <b>81</b>         | Develop a formal service line analysis for Surgical Services and present recommendations to system leadership                                | System CCO      | System COO                | 4/30/2010       |                         | Strategic Planning process has been initiated and meetings are in progress. | <b>OI/OT</b>  |
| <b>82</b>         | Develop a formal service line analysis for the Regional Health Center concept and present recommendations to system leadership               | System COO      | System CMO                | 4/30/10         |                         | Strategic Planning process has been initiated and meetings are in progress. | <b>OI/OT</b>  |
| <b>83</b>         | Complete a formal need-based assessment of the services appropriate for Provident Hospital and present recommendations to system leadership  | System COO      | System CCO and System CMO | 5/31/2010       |                         | Strategic Planning process has been initiated and meetings are in progress. | <b>OI/OT</b>  |
| <b>84</b>         | Complete a formal need-based assessment of the services appropriate for Oak Forest Hospital and present recommendations to system leadership | System COO      | System CCO and System CMO | 5/31/2010       |                         | Strategic Planning process has been initiated and meetings are in progress. | <b>OI/OT</b>  |

**Cook County Health & Hospitals System**  
**Operations Stoplight Report-2010**

| <b>Ops Number</b>          | <b>Description</b>  | <b>Assignee</b>                  | <b>Co-Assignee</b>                                     | <b>Due Date</b> | <b>Revised Due Date</b> | <b>Comments</b>  | <b>Status</b> |
|----------------------------|---|----------------------------------|--|-----------------|-------------------------|--|---------------|
| <b>85</b>                  | Present a comprehensive strategic plan including a 5 year financial plan to the system board for approval   | System CEO                       |  | 6/30/2010       |                         | Waiting for programmatic changes to be outlined in a plan. | OI/OT         |
| <b>86</b>                  | Develop and implement a comprehensive marketing plan that strategically improves the CCHHS image within the market  | System Director Public Relations | System CEO   | 8/30/2010       |                         | Compiling data.  | OI/OT         |
| <b>87<br/>(CCDPH)</b>      | Conduct the third strategic 5 year health plan assessment for the jurisdiction and publish the report. Also, obtain state re-certification of the agency based on the submission of this 5 year strategic health plan | CCDPH COO                        | CCDPH Policy Director, Director of Prevention Services | 11/30/2010      |                         |  | SI            |
| <b>88<br/>(Oak Forest)</b> | Conduct an analysis of long term care options at Oak Forest.  | System COO                       | System CCO and System CMO                              | 5/31/2010       |                         |  | OI/OT         |

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
February 26, 2010

ATTACHMENT #4

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
FY 2010 CCHHS SYSTEM LEADERSHIP GOALS**

| <b>Goal #</b> | <b>Task</b>  | <b>Staff</b>   | <b>Completion Date</b> | <b>Status</b>  |
|---------------|--|--|------------------------|--|
| <b>1</b>      | <b>Approve strategic plan including 5-year financial plan.</b>   | CEO  | 6/30/10                | Analytic design has been completed; database determined. Awaiting programmatic changes to be defined by the operating task forces.   |
|               | Develop a comprehensive marketing and communications plan to educate the County Board, elected officials and public regarding the plan and enhance CCHHS' image in the market. | Director of Public Relations   | 8/30/10                |  |
| <b>2</b>      | <b>Complete Enterprise Resource Planning (ERP) system implementation including general ledger, payroll, materials management and human resources.</b>                          | CFO and CIO  | 11/30/10               | General ledger complete. Working on interface with County regarding human resources, materials management and accounting.  |
| <b>3</b>      | <b>Design and implement a management restructuring and development plan.</b>   | System Leadership  | 6/30/10                |  |
|               | Complete management assessment.  |  | 3/31/10                | Assessment in process.   |
|               | Restructure system-wide management.  |  | 4/30/10                |  |
|               | Establish a leadership development program.  |  | 11/30/10               |  |
| <b>4</b>      | <b>Achieve the CCHHS FY10 operating budget including.</b>  | System Leadership  | 11/30/10               |  |
|               | Incorporating \$80M budgeted savings and \$26M reduction related to tax roll back.   |  |                        | Developing process for implementing \$106 million reductions.  |
| <b>5</b>      | <b>Complete workforce rebalancing plan.</b>  | System Leadership  | 8/31/10                | Phase I reductions have eliminated approximately 1,000 FTE positions (vacant and filled). Phase II has identified 350 positions for elimination and is in planning stages. |
|               | Achieve budgeted savings.  |  |                        |  |
| <b>6</b>      | <b>Implement system-wide quality, patient safety and risk management structure.</b>  | CEO, CCO, CMO, General Counsel and Director of Quality and Patient Safety. |                        | Structure has been developed.  |
|               | Recruit System Director of Quality and Patient Safety and appropriately staff department;  |  | 6/30/10                | Recruitment process for Director of Quality is underway (early stages).  |

| Goal #          | Task  | Staff   | Completion Date | Status   |
|-----------------|---|---|-----------------|--|
| <b>6 cont'd</b> | Recruit System Director of Risk Management and appropriately staff department.  |   | 3/31/10         | Interviews completed. Offer extended. Start date of 3/15/10.                                 |
|                 | Complete and implement quality reorganization plan.   |   | 9/30/10         |  |
|                 | Implement complete online Physician documentation (Power Note) across the System.   |   | 11/30/10        |  |
|                 | Achieve HIMSS Level 6 for the Emergency Department across the System.   |   | 11/30/10        |  |
|                 | Maintain accreditation status at all member organizations.  |   |                 |  |
|                 | Achieve Best in Class Performance in SCIP, CHF, CAP and AMI.  |   | 11/30/10        |  |
| <b>7</b>        | <b>Develop and implement a service excellence plan with focus on: employee satisfaction, patient satisfaction and cultural diversity.</b> | System Leadership   | 11/30/10        |  |
|                 | Recruit System Director of Diversity & Multi-Cultural Affairs.  |   |                 | Recruitment in process.  |
|                 | Measurable improvement in system-wide Press-Gainey patient satisfaction survey scores.  |   |                 |  |
|                 | Conduct baseline employee satisfaction survey.  |   |                 |  |
| <b>8</b>        | <b>Develop and implement comprehensive Internal Audit and Corporate Compliance functions within CCHHS.</b>                                | Director of Internal Audit and Director of Corporate Compliance | 6/30/10         | Directors have presented organizational plans to build and implement functions.              |
| <b>9</b>        | <b>Complete assessment of Graduate Medical Education (GME) Program.</b>   | CEO, CFO, CMO, Stroger Hospital CMO                             | 11/30/10        |  |
|                 | Conduct cost/benefit analysis of GME Program.   |   |                 | A contract to conduct the analysis will be presented at the March Finance Committee Meeting. |
|                 | Finalize recommendation for program restructuring based on assessment.  |   |                 |  |

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
February 26, 2010

ATTACHMENT #5

*Integrated Clinical  
Solutions, Inc.*



***Cook County Health  
and Hospitals System***

***Phase II Strategic Planning:  
Board Progress Report***

February 26, 2010

# **Agenda**

## *Topics to Discuss*

- **Phase II Process: Status Update**
- **Community Needs Analysis—Preliminary Report**
- **Next Steps**

## Phase II: Workplan and Timetable

| KEY TASKS  | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|--|-----|-----|-----|-----|-----|-----|-----|
| <b>Phase II Activities:</b>  |     |     |     |     |     |     |     |
| <b>1. Conduct Assessment of Healthcare Needs vs. Availability</b>        |     |     |     |     |     |     |     |
| Drill-down on population-based needs assessment                          |     |     |     |     |     |     |     |
| Build on regional health resource profile                                |     |     |     |     |     |     |     |
| Conduct meetings with key organizations and prospective partners         |     |     |     |     |     |     |     |
| Determine key gaps in clinical programs and community needs              |     |     |     |     |     |     |     |
| <b>2. Design the Optimal Delivery System Configuration</b>               |     |     |     |     |     |     |     |
| Outline objectives for primary and specialty care within System          |     |     |     |     |     |     |     |
| Evaluate needs/options re: optimal service locations                     |     |     |     |     |     |     |     |
| Facilitate working sessions: shared vision re: System design             |     |     |     |     |     |     |     |
| Translate vision into recommended clinical platform, by site             |     |     |     |     |     |     |     |
| Project volumes, staffing, and support service requirements              |     |     |     |     |     |     |     |
| Define provider service relationships and partnerships                   |     |     |     |     |     |     |     |
| <b>3. Document the Case for Recommended Delivery Configuration</b>       |     |     |     |     |     |     |     |
| Determine resource requirements--recommended platform                    |     |     |     |     |     |     |     |
| Develop financial proformas--recommended platform                        |     |     |     |     |     |     |     |
| Evaluate costs versus benefits vis a vis current state                   |     |     |     |     |     |     |     |
| Make best-case determination re: Provident & Oak Forest sites            |     |     |     |     |     |     |     |
| <b>4. Develop Service Lines</b>  |     |     |     |     |     |     |     |
| Develop planning template; conduct kick-off meetings                     |     |     |     |     |     |     |     |
| Facilitate service line design: high priority clinical services          |     |     |     |     |     |     |     |
| Complete service line design: other targeted priorities                  |     |     |     |     |     |     |     |
| <b>5. Establish System Priorities, Timetables, &amp; Financial Plans</b> |     |     |     |     |     |     |     |
| Identify 1-Year, 2-Year, and 3-5 Year Development Priorities             |     |     |     |     |     |     |     |
| Develop Action Plans: Initiatives & Timetables                           |     |     |     |     |     |     |     |
| Complete development of 5-Year Financial Plan                            |     |     |     |     |     |     |     |
| <b>6. Communicate the Plan to Key Stakeholders &amp; Constituencies</b>  |     |     |     |     |     |     |     |
| Develop/execute communications & PR strategies                           |     |     |     |     |     |     |     |
| Meet with key constituencies   |     |     |     |     |     |     |     |
| <b>7. Complete Plan for Board Approval</b>                               |     |     |     |     |     |     |     |
| Conduct meetings: key stakeholders                                       |     |     |     |     |     |     |     |
| Make final report revisions  |     |     |     |     |     |     |     |

# ***System Delivery Configuration—Possible Scenarios***

| <b><u>SCENARIO A</u></b><br>•Baseline  | <b><u>SCENARIO B</u></b><br>•Reconfigure OP Services   | <b><u>SCENARIO C</u></b><br>•Reconfigure OP Services<br>•Close PH/OF IP Services   | <b><u>SCENARIO D</u></b><br>•Reconfigure OP Services<br>•Partner PH IP w/UCMC;<br>Close OF IP   |
|--|--|--|---|
| <ul style="list-style-type: none"> <li>•No material change in service scope or delivery configuration</li> <li>•Selective development of clinical service lines</li> </ul> | <ul style="list-style-type: none"> <li>•Comprehensive OP Ctrs. developed in use-intensive locales</li> <li>•Fantus rebuilt on downsized basis</li> <li>•AHCN Clinics consolidated into Reg. OP Ctrs. on selective basis</li> <li>•Selected development of clinical services lines</li> </ul> | <ul style="list-style-type: none"> <li>•OP reconfiguration same as Scenario “B”</li> <li>•IP services at Provident and Oak Forest facilities closed</li> <li>•Partnerships with area hospitals for IP capacity</li> <li>•Selected development of clinical service lines</li> </ul> | <ul style="list-style-type: none"> <li>•OP reconfiguration same as Scenario “B”</li> <li>•IP services at Provident maintained/strengthened in partnership with UCMC</li> <li>•Oak Forest IP services closed; partnerships with area hospitals for IP capacity</li> <li>•Selected development of clinical service lines</li> </ul> |

## *Evaluation of Scenarios*

| <b>Evaluation Criteria</b>  | <b><u>SCENARIO A</u></b><br>•Baseline | <b><u>SCENARIO B</u></b><br>•Reconfigure OP Svcs. | <b><u>SCENARIO C</u></b><br>•Reconfigure OP Services<br>•Close PH/OF IP Services | <b><u>SCENARIO D</u></b><br>•Reconfigure OP Services<br>•Partner PH IP w/UCMC;<br>Close OF IP |
|---|---------------------------------------|---|--|---|
| Service Impact:<br>•Access<br>•Scope<br>•Continuity/Follow-Up               |                                       |   |  |   |
| Service Intensity:<br>•No. of Patients Served<br>•No. of Patient Encounters |                                       |   |  |   |
| Availability/Costs of Outsource Partnership Arrangements                    |                                       |   |  |   |
| Total Operating Costs (ongoing)   |                                       |   |  |   |
| Total Revenues:<br>•“Momentum” Scenario<br>•“Adjusted” Scenario             |                                       |   |  |   |
| Total Capital Outlays   |                                       |   |  | 5   |

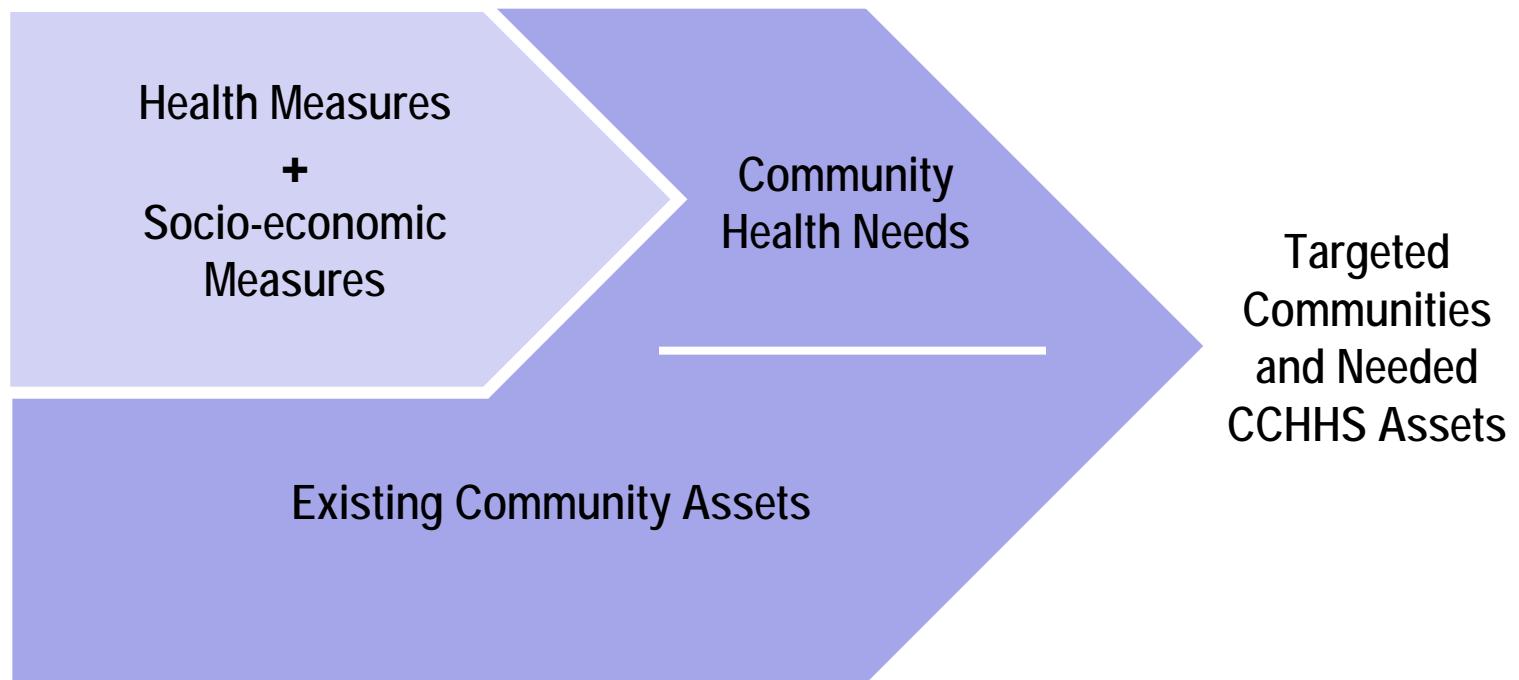
# **Agenda**

## *Topics to Discuss*

- Phase II Process: Status Update
- Community Needs Analysis—Preliminary Report
- Next Steps

# *Assessing Community Needs*

## **Community Needs Assessment Methodology**



## ***Summary and Implications***

- Cook County has a low overall ranking based on its composite health indicators. Major priorities for intervention and health improvement include heart disease, HIV, injury and violence, infant health/family planning, obesity, respiratory disease, and sexually transmitted diseases.
- The community areas with the lowest health rankings—Near South Side, Southland, East Southland—have the least health resource coverage. Access to health care is a major issue in these communities.
- These same areas account for the majority of inpatient admissions to CCHHS:
  - John J. Stroger, Jr. Hospital—broad geographic distribution
  - Provident Hospital—proximate neighborhood
  - Oak Forest—fairly broad distribution, including significant numbers from East Southland communities.
- Bottom Line: There is a fundamental mismatch of County and community health care resources relative to need. Future outpatient development and overall resource allocation priorities should be focused to address this need.

# **Cook County was recently ranked in the bottom tier for health outcomes in Illinois (81 out of 101 counties)**

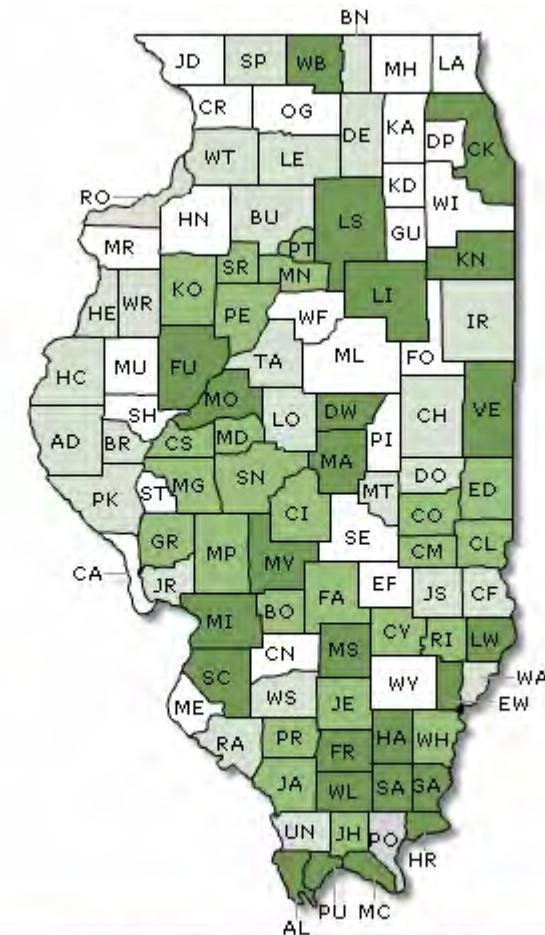
A number of factors influence health, including health behaviors, clinical care, social and economic factors, and physical environment factors.

## **Snapshot 2010: Cook**

|                           | Cook County | Target Value* |
|---------------------------|-------------|---------------|
| Health Outcomes           |             |               |
| Mortality                 |             |               |
| Premature death           | 7,701       | 5,694         |
| Morbidity                 |             |               |
| Poor or fair health       | 18%         | 9%            |
| Poor physical health days | 3.3         | 2.4           |
| Poor mental health days   | 3.2         | 2.0           |
| Low birthweight           | 9%          | 6%            |

\* Reflects 90<sup>th</sup> percentile

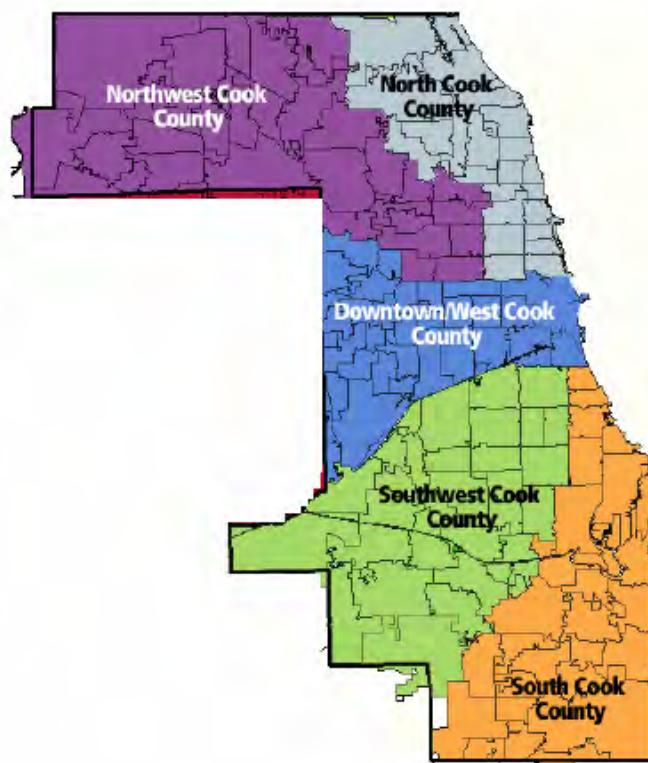
Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)



Rank 1-25   Rank 25-51   = Rank 51-76   = Rank 76-101   = Not Ranked

# *A recent study identified multiple areas where community health can be improved in the County.*

These “health priorities” represent recommended areas of intervention, based on the information gathered through the PRC Community Health Assessment and the guidelines set forth in *Healthy People 2010*.

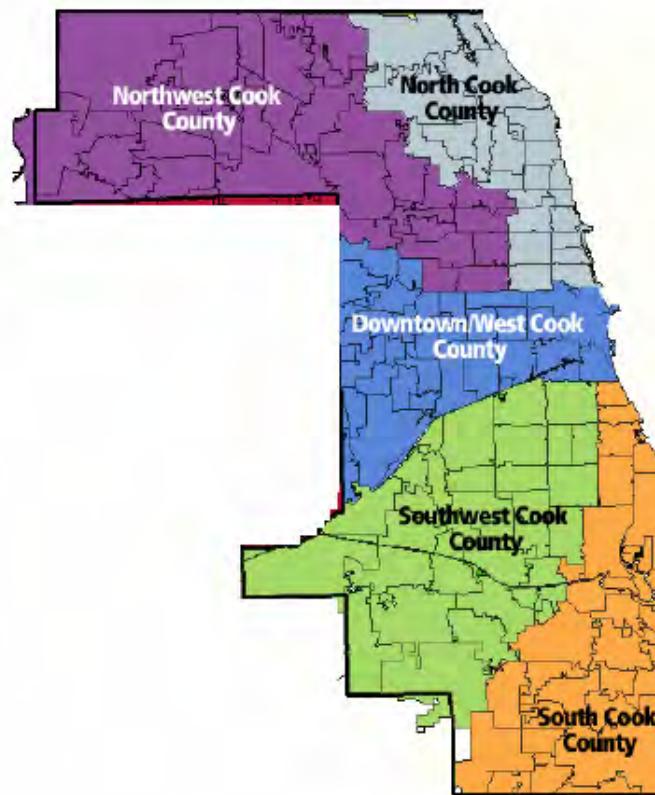


## **Cook County**

- **Access to Healthcare Services**
  - ▶ Transportation
  - ▶ Cost of Prescriptions
  - ▶ Specific Source of Ongoing Care (Medical Home)
- **Heart Disease**
- **HIV**
- **Injury & Violence**
  - ▶ Violent Crime
  - ▶ Children's Bicycle Helmet Use
- **Infant Health & Family Planning**
  - ▶ Timely Prenatal Care
  - ▶ Birthweight
  - ▶ Infant Mortality
  - ▶ Teen Pregnancy
- **Nutrition & Overweight**
  - ▶ Vegetable Consumption
- **Respiratory Disease**
  - ▶ Pneumonia & Influenza
  - ▶ Tuberculosis
- **Sexually Transmitted Diseases**

# ***South Cook County faces challenges different from and more numerous than the other parts of the county***

## **Areas for Community Health Improvement by Cook County Subdivision**

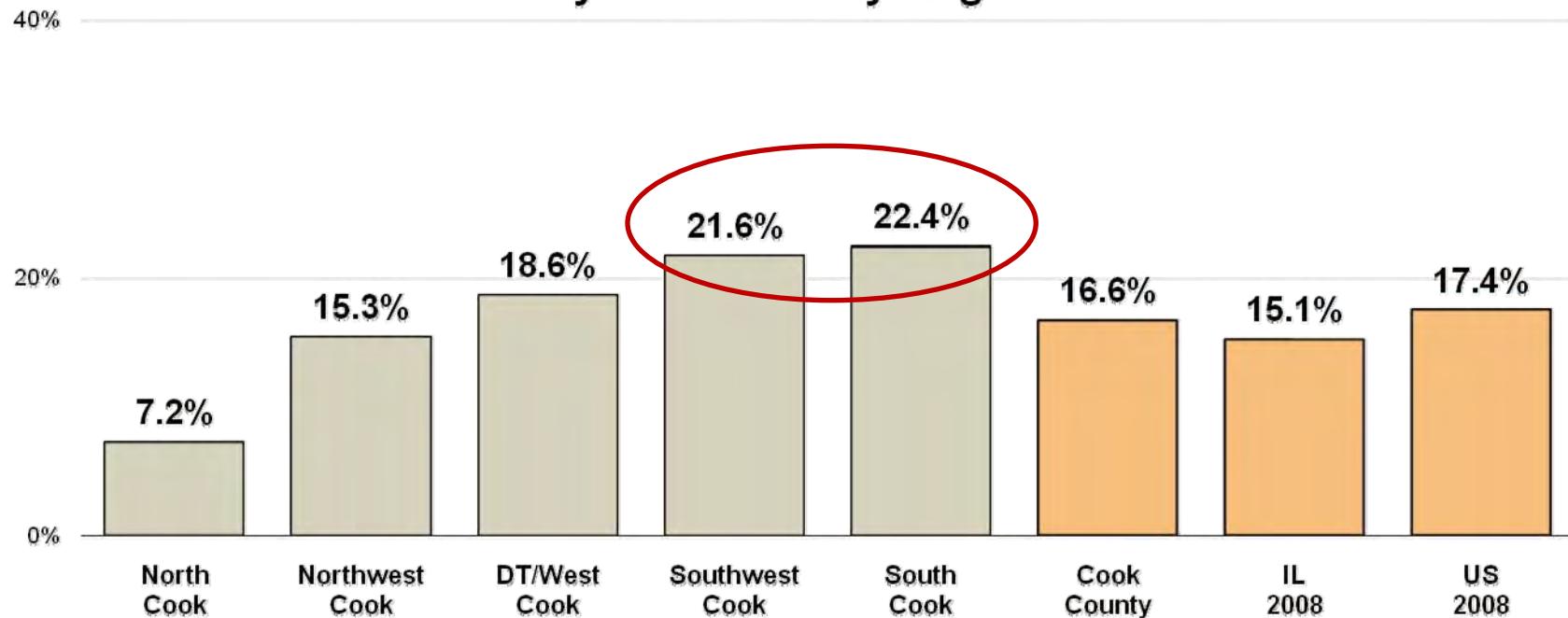


| North Cook  | Northwest Cook                  | Downtown/<br>West Cook            | Southwest Cook                    | South Cook                      |
|---|---------------------------------|-----------------------------------|-----------------------------------|---------------------------------|
| Difficulty Accessing Healthcare (Adults & Children) | Children's Routine Medical Care | Childhood ADD/ADHD                | Arthritis & Osteoporosis          | Arthritis                       |
| Mold in the Home                                    | Eye Exams                       | Childhood Asthma                  | Environmental Tobacco Smoke       | Chronic Lung Disease            |
| Routine Medical Care                                | HIV Testing                     | Children's Bicycle Helmet Usage   | High Blood Cholesterol            | Dental Care                     |
|   | Smoking Cessation               | Diabetes Management               | Lack of Health Insurance Coverage | Emergency Room Utilization      |
|   |                                 | Lack of Health Insurance Coverage |                                   | Environmental Tobacco Smoke     |
|   |                                 | Prostate Screenings               |                                   | Family Violence                 |
|   |                                 | Seat Belt Usage                   |                                   | Fruit/Vegetable Consumption     |
|   |                                 |                                   |                                   | Hypertension                    |
|   |                                 |                                   |                                   | Mental Health Status            |
|   |                                 |                                   |                                   | Obesity                         |
|   |                                 |                                   |                                   | Perceptions of Local Healthcare |
|   |                                 |                                   |                                   | Senior Flu Shots                |
|   |                                 |                                   |                                   | Tobacco Use                     |
|   |                                 |                                   |                                   | Violent Crime                   |

Source: 2009 PRC-MCHC Community Health Report

## *A greater number of respondents in the South and Southwest Cook regions rated their health as “fair” or “poor”*

### Experience “Fair” or “Poor” Overall Health By Cook County Region



Sources:

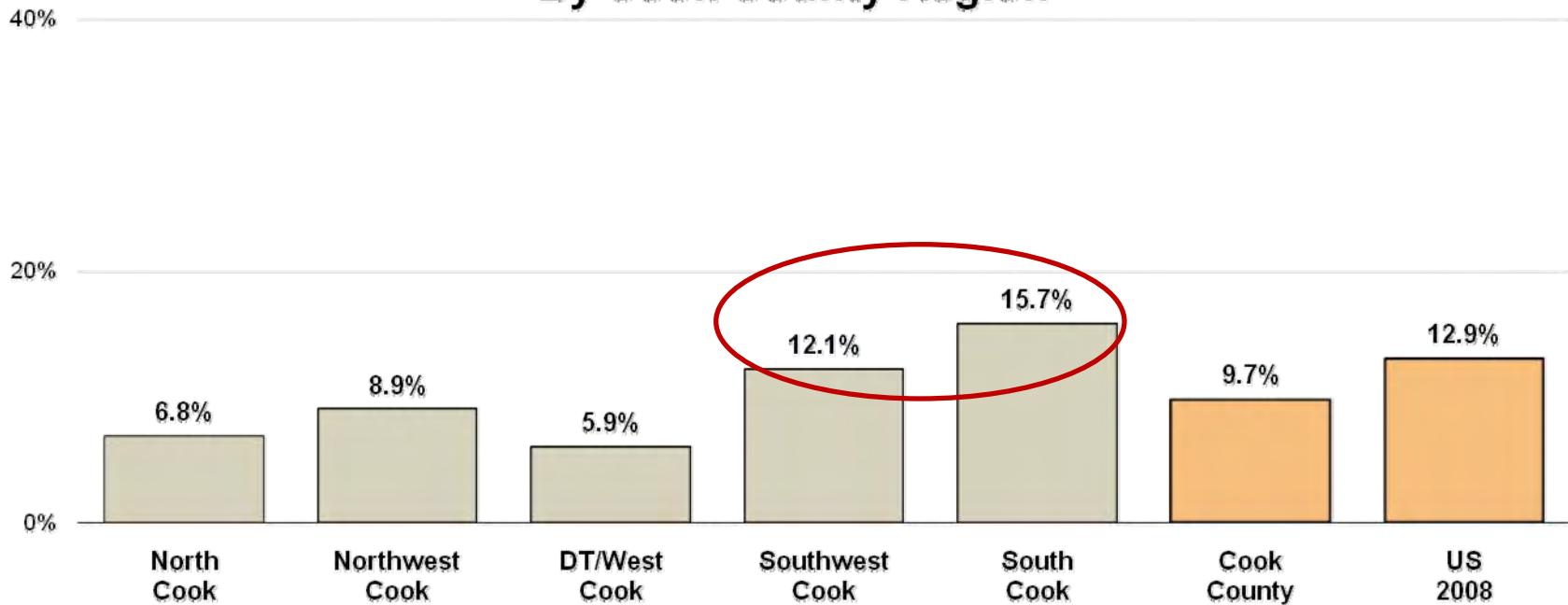
- 2009 PRC-MCHC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- 2008 PRC National Health Survey, Professional Research Consultants, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2008 Illinois data.

Notes:

- Asked of all respondents.

*Similarly, a larger percent rated their mental health as “fair” or “poor” in the South and Southwest Cook regions*

### Experience “Fair” or “Poor” Mental Health By Cook County Region

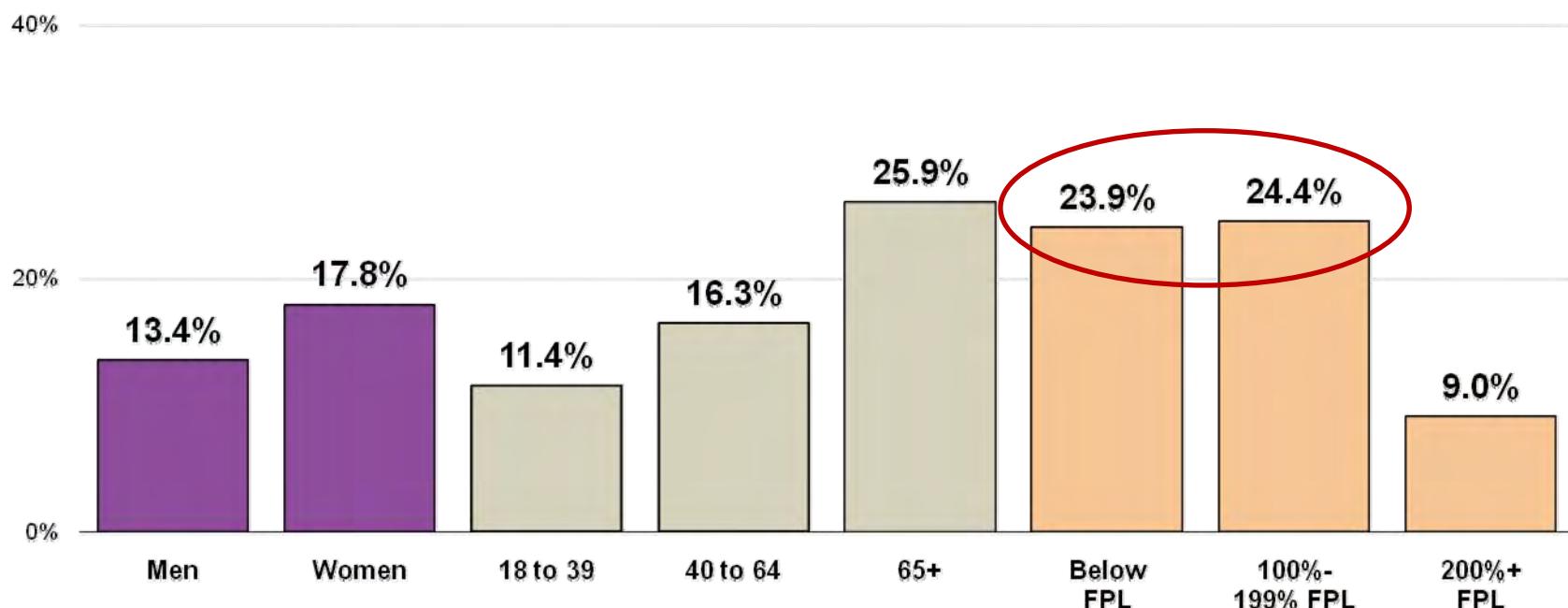


Sources: • 2009 PRC-MCHC Community Health Survey, Professional Research Consultants, Inc. [Item 113]  
• 2008 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.

## ***Health and wealth—a larger percentage of those below 200% FPL rated their health as “fair” or “poor”***

### **Experience “Fair” or “Poor” Overall Health By Demographic and Socio-economic Factors**



Sources: • 2009 PRC-MCHC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes: • Asked of all respondents.

• FPL = Federal Poverty Level based on household income and number of household members [US Department of Health & Human Services poverty guidelines].

## *Preliminary Analysis*

- Patient Origin
- Median Household Income
- CCHHS Locations
- FQHC/CHC, Dental Clinics and Other Hospital Locations

## *CCHHS draws inpatients primarily from the southern areas of the county*

### CCHHS Inpatient Origin by ZIP Code, 2008

 CCHHS Hospitals and Ambulatory and Community Health Network Sites

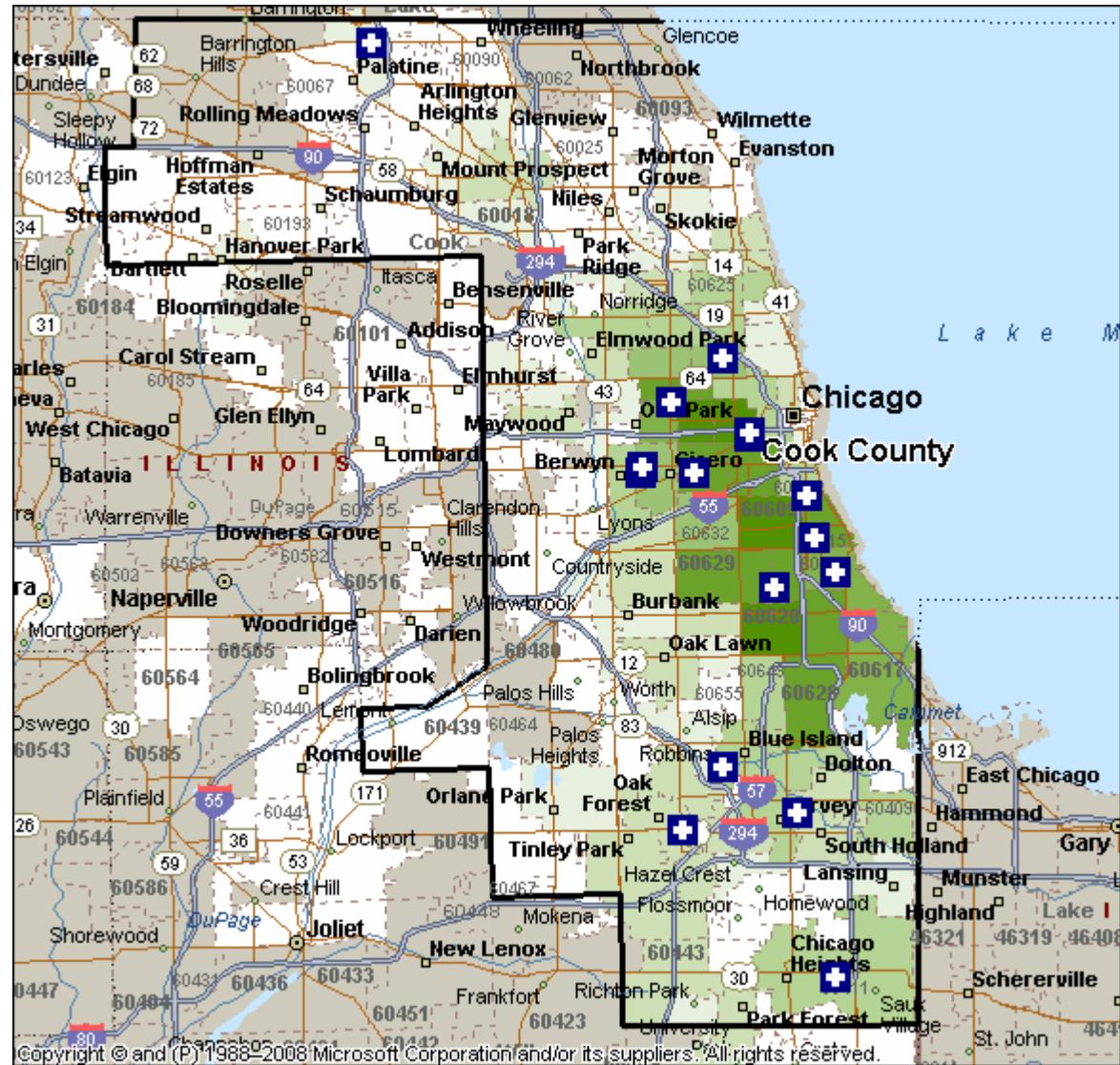
#### CCHHS Inpatients\*, 2008

-  1,250 to 1,499
-  1,000 to 1,249
-  750 to 999
-  500 to 749
-  250 to 499
-  100 to 249
-  50 to 99
-  10 to 49

\* Excludes ZIP codes with less than 10 inpatients

Source: CCHHS

*ICS Consulting, Inc.*



# *Most of Provident Hospital's inpatients come from a narrow geography oriented towards the south of the hospital*

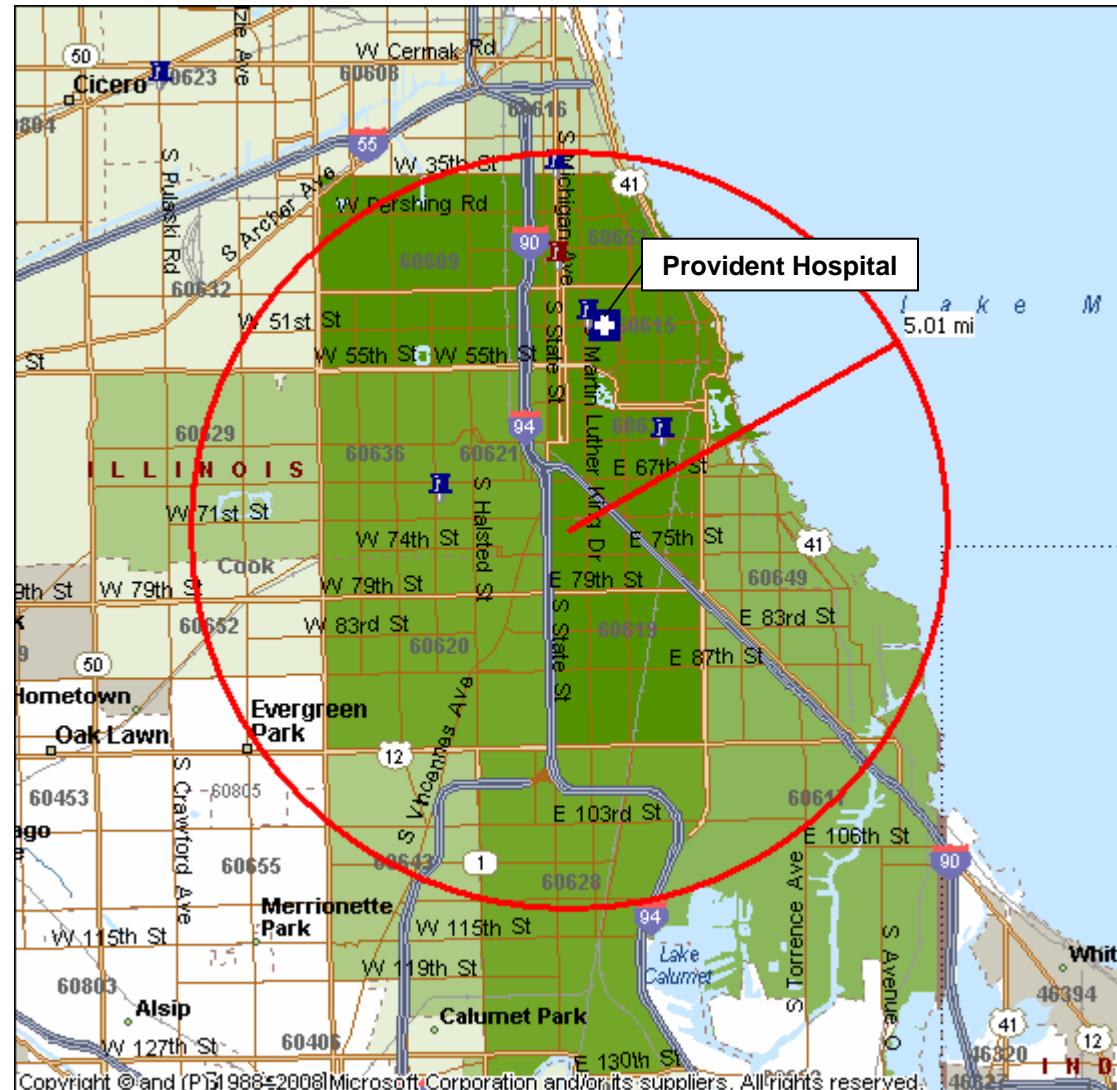
## Provident IP Origin by ZIP Code, 2008 and Other Area Hospitals

- AHCN Locations
- + Hospitals

### Provident Inpatients by ZIP Code, 2008

- 500 to 1,999
- 400 to 499
- 300 to 399
- 200 to 299
- 100 to 199
- 50 to 99
- 10 to 49
- 0 to 9

Source: CCHHS

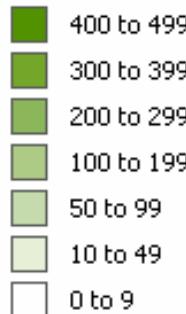


*By contrast, Oak Forest Hospital's inpatients are distributed and come from long distances. The largest number of inpatients came from the Harvey community.*

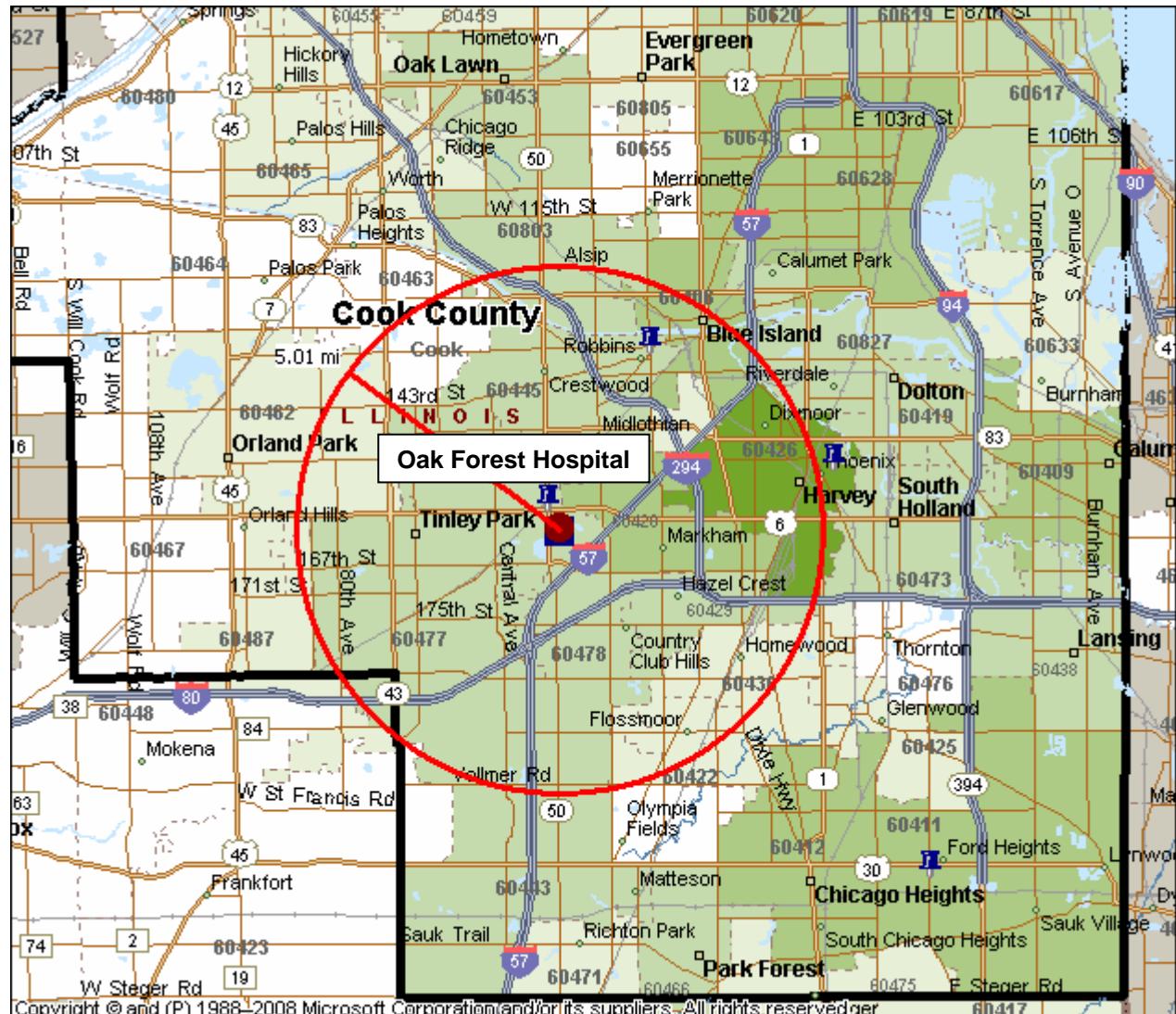
## Oak Forest Hospital IP Origin by ZIP Code, 2008

- AHCN Locations
- + Hospitals

### Oak Forest Inpatients by ZIP Code, 2008



Source: CCHHS

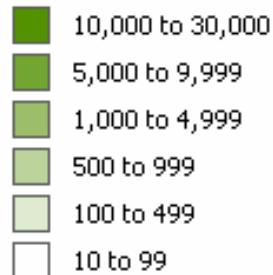


## *Outpatients come from a much broader service area*

### Outpatient Origin by ZIP Code, 2008

 CCHHS Hospitals and Ambulatory and Community Health Network Sites

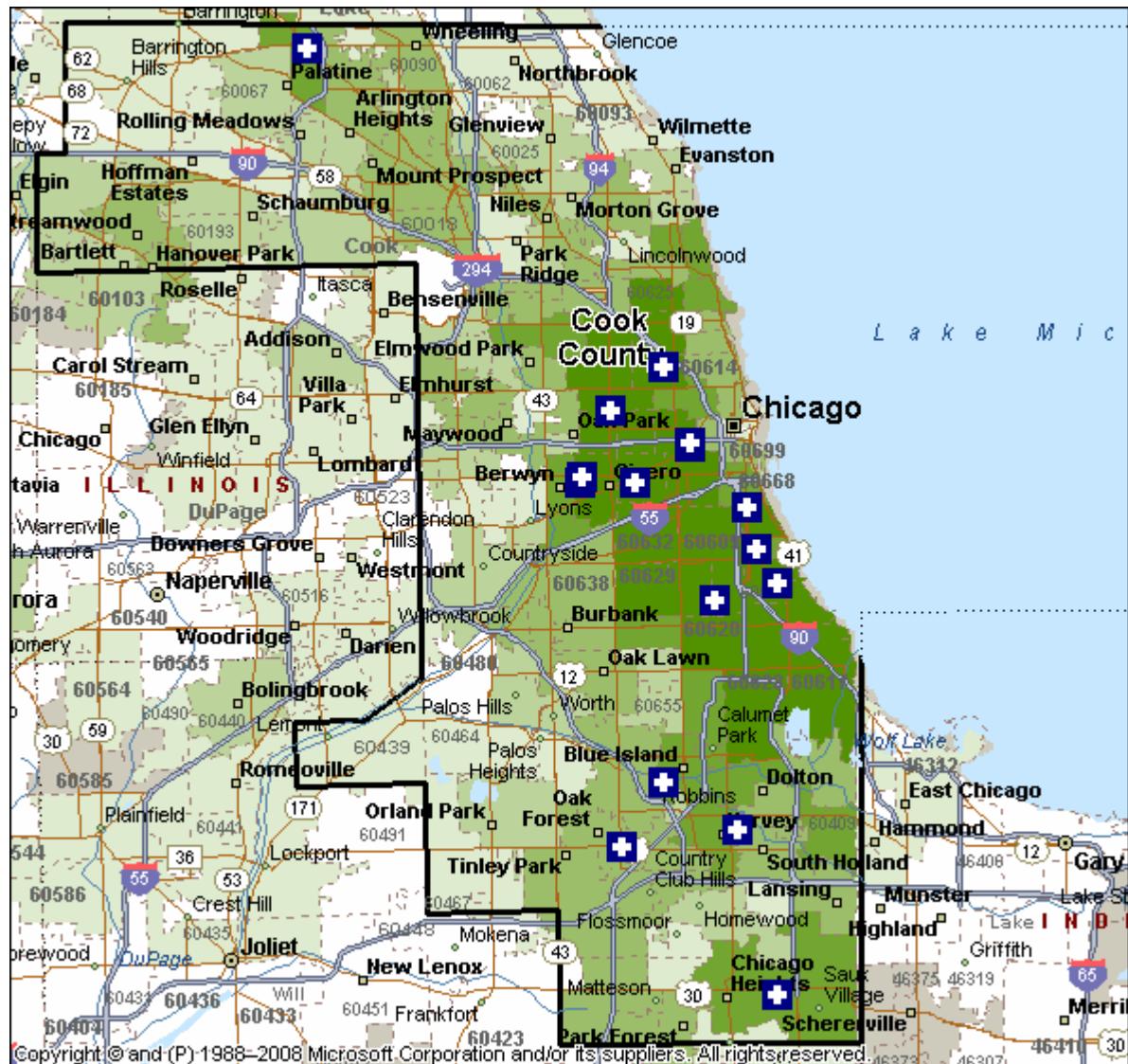
#### CCHHS Outpatients\*, 2008



\* Data includes outpatient visits from the distributed, Stroger, Provident, and OF clinics and health centers. Excludes ZIP codes with less than 10 outpatient visits.

Source: CCHHS

*ICS Consulting, Inc.*



*CCHHS facilities are located primarily in the poorer areas of the county, but there are clearly some gaps*

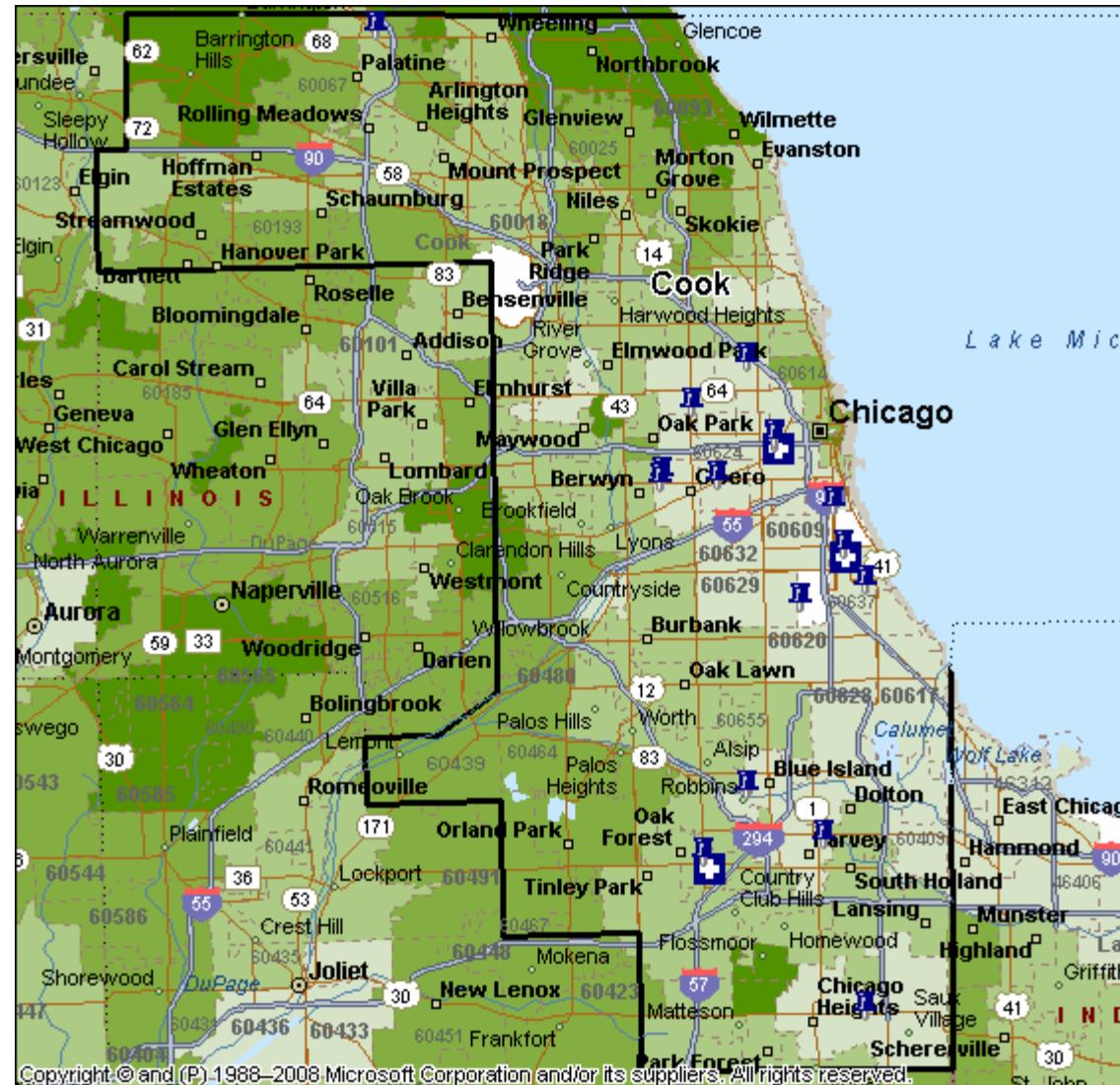
## CCHHS Locations and Median Household Income by ZIP Code

AHCN Locations

Hospitals

### Median HH Income (2007)

- \$100,000 to \$500,000
- \$75,000 to \$99,999
- \$50,000 to \$74,999
- \$25,000 to \$49,999
- \$0 to \$24,999



Sources: CCHHS; Microsoft MapPoint data

# *Overlaying FQHC/CHC locations displays the relative lack of primary care facilities in the poorer regions of the County*

## CCHHS and FQHC/CHC Locations and Median Household Income by ZIP Code

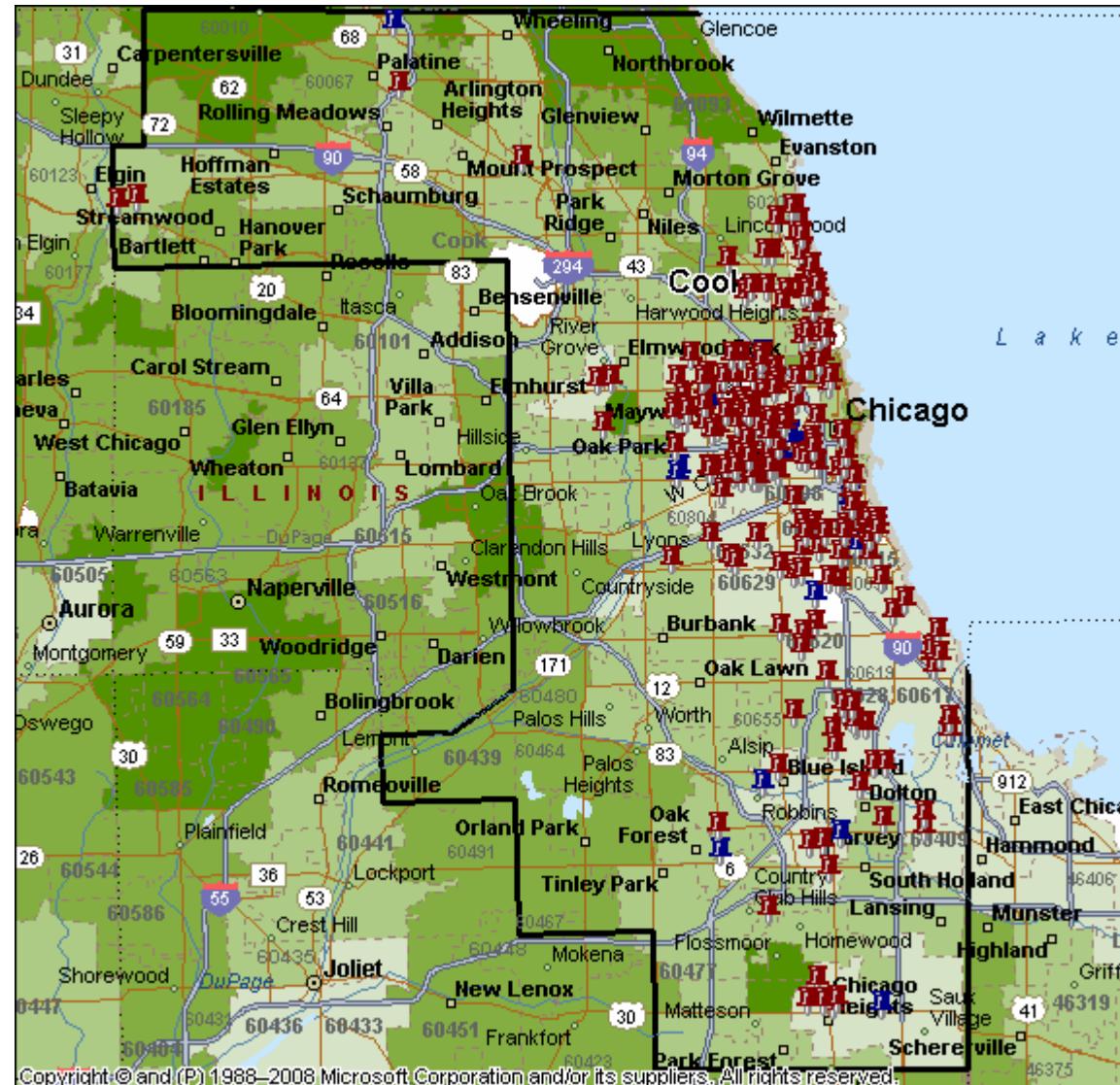
- FQHC/CHC Locations
- AHCN Locations
- + Hospitals

### Median HH Income (2007)

- \$100,000 to \$500,000
- \$75,000 to \$99,999
- \$50,000 to \$74,999
- \$25,000 to \$49,999
- \$0 to \$24,999

Sources: CCHHS; Illinois Primary Health Care Association; Microsoft MapPoint data

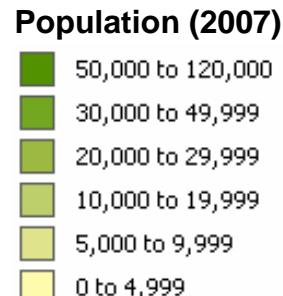
ICS Consulting, Inc.



*The same facilities on a population map also reveals the relative lack of primary care facilities in densely populated areas*

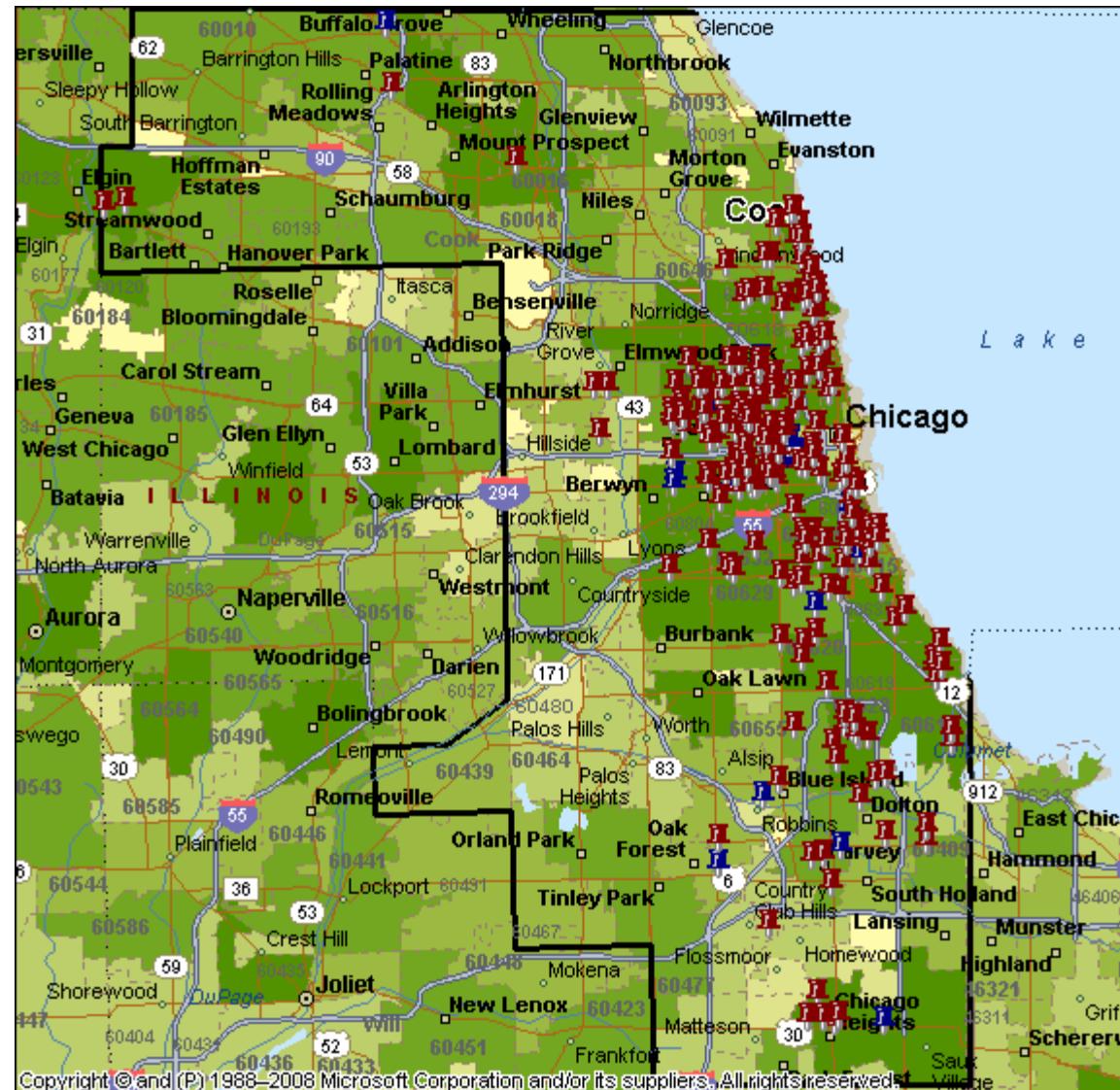
## CCHHS and FQHC/CHC Locations and Population by ZIP Code

-  FQHC/CHC Locations
-  AHCN Locations
-  Hospitals



Sources: CCHHS; Illinois Primary Health Care Association; Microsoft MapPoint data

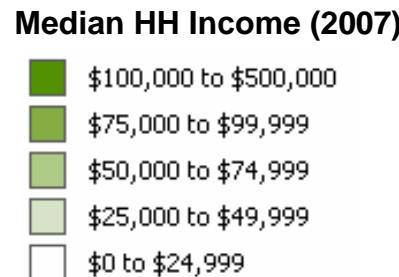
ICS Consulting, Inc.



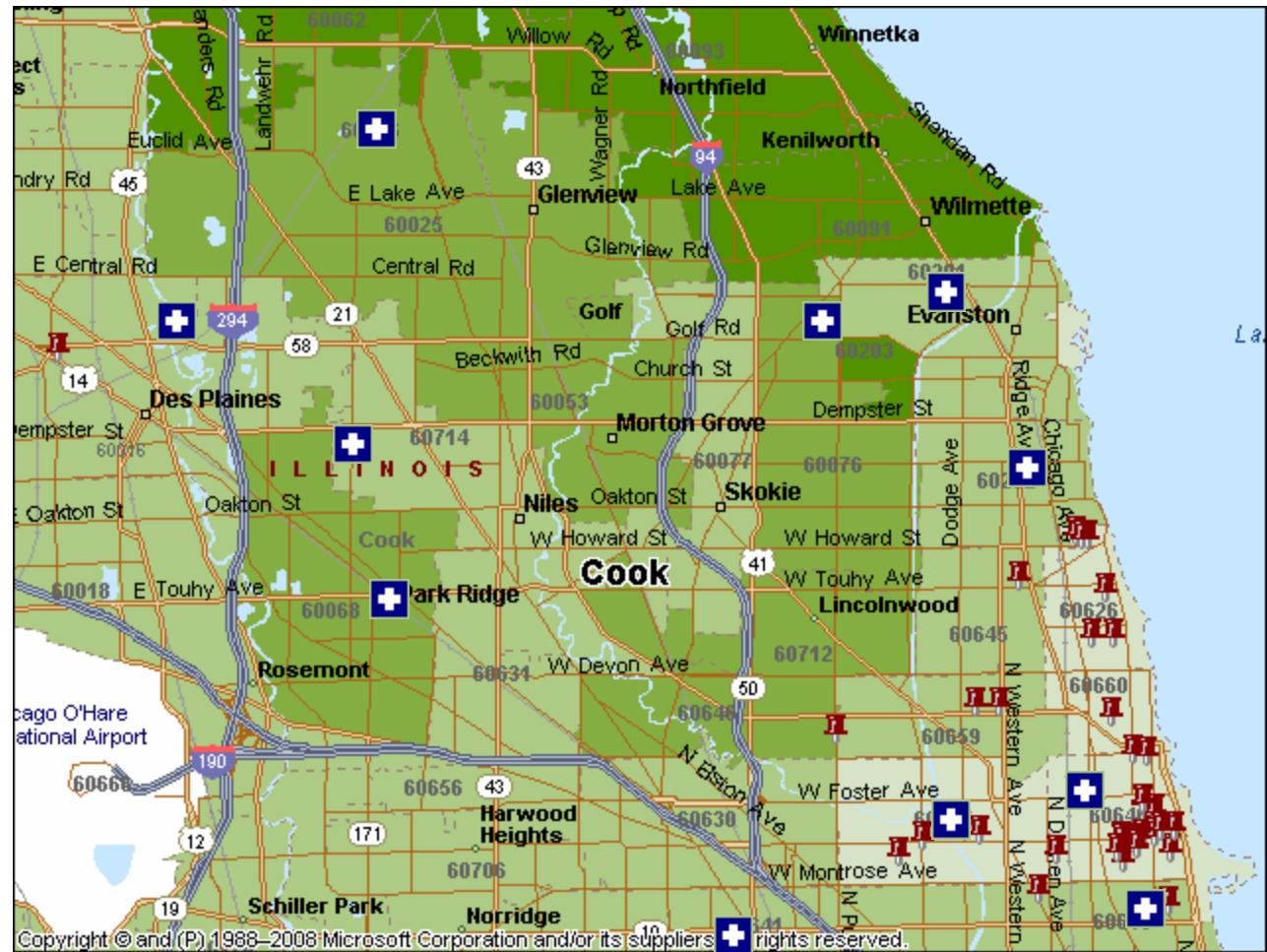
## *The North Cook County region has a fair number of FQHCs/CHCs in the primarily poorer areas*

### **Location of Healthcare Facilities and Median Household Income, North Cook County**

-  FQHC/CHC Locations
-  AHCN Locations
-  Hospitals



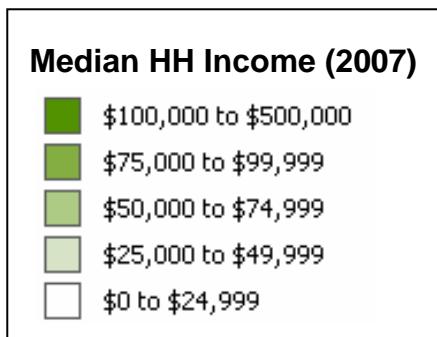
Sources: CCHHS; Illinois Primary Health Care Association; Microsoft MapPoint data



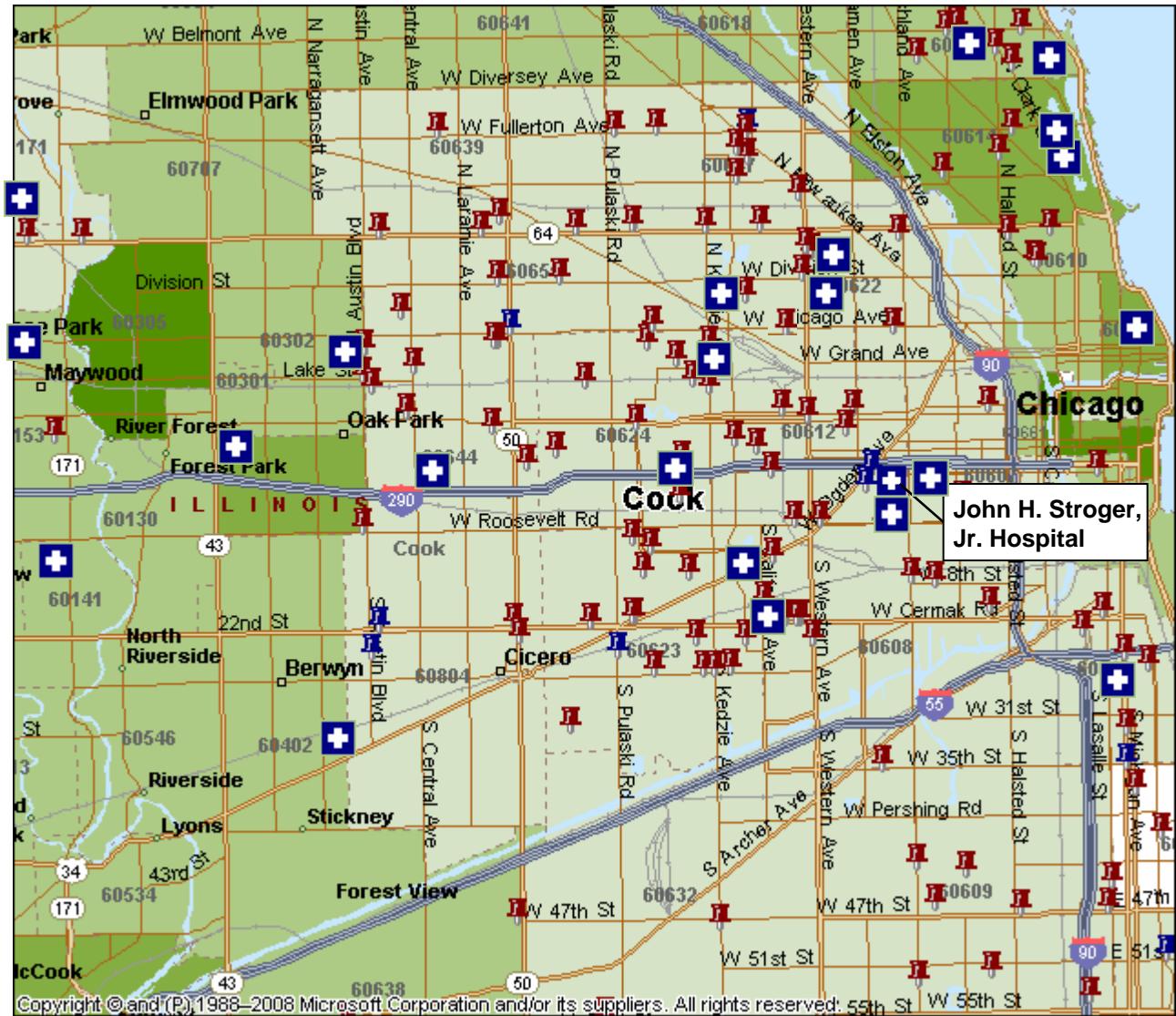
*There are a large number of AHCN locations, FQHCs, CHCs and hospitals located throughout the West Cook region*

# **Location of Healthcare Facilities and Median Household Income, West Cook County**

-  FQHC/CHC Locations
-  AHCN Locations
-  Hospitals



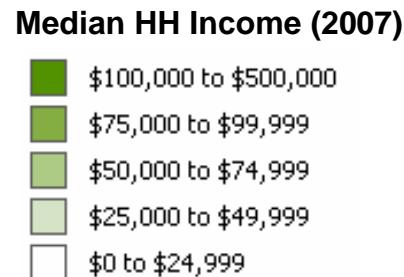
Sources: CCHHS; Illinois Primary Health Care Association; Microsoft MapPoint data



## *The Near South region by contrast has fewer FQHCs/CHCs*

### Location of Healthcare Facilities and Median Household Income, Near South Side

-  FQHC/CHC Locations
-  AHCN Locations
-  Hospitals



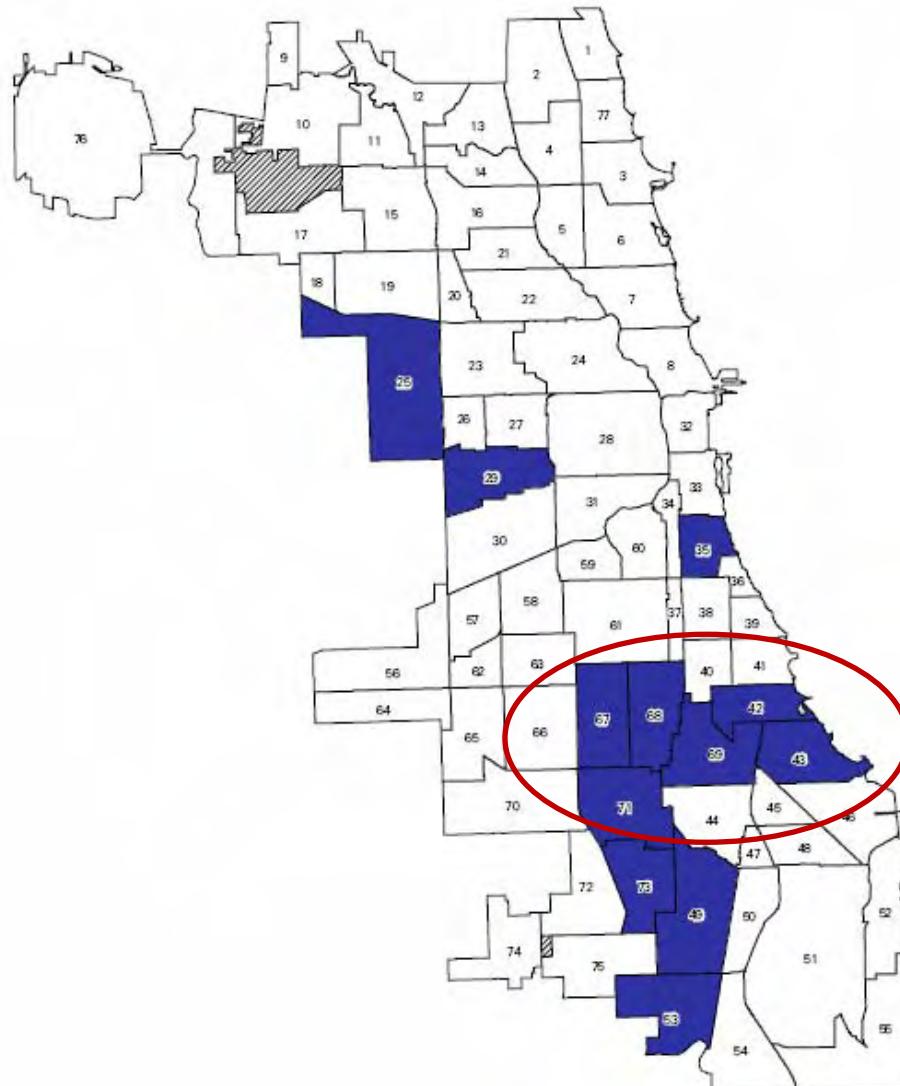
Sources: CCHHS; Illinois Primary Health Care Association; Microsoft MapPoint data



***The areas that are lacking healthcare resources are also the same ones that have the lowest health rankings and where the CCHHS draws the majority of its patients***

### **Chicago Community Areas with the Lowest Health Ranking Composite, 2004**

- 1 – Englewood (68)
- 2 – West Englewood (67)
- 3 - Auburn Gresham (71)
- 4 - North Lawndale (29)
- 5 – West Pullman (53)
- 6 – Greater Grand Crossing (69)
- 7 – Woodlawn (42)
- 8 – Roseland (49)
- 9 – Washington Heights (73)
- 10 – South Shore (43)

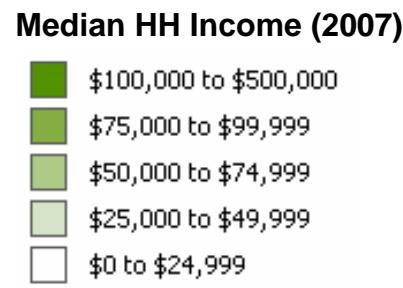


Source: Chicago Department of Public Health

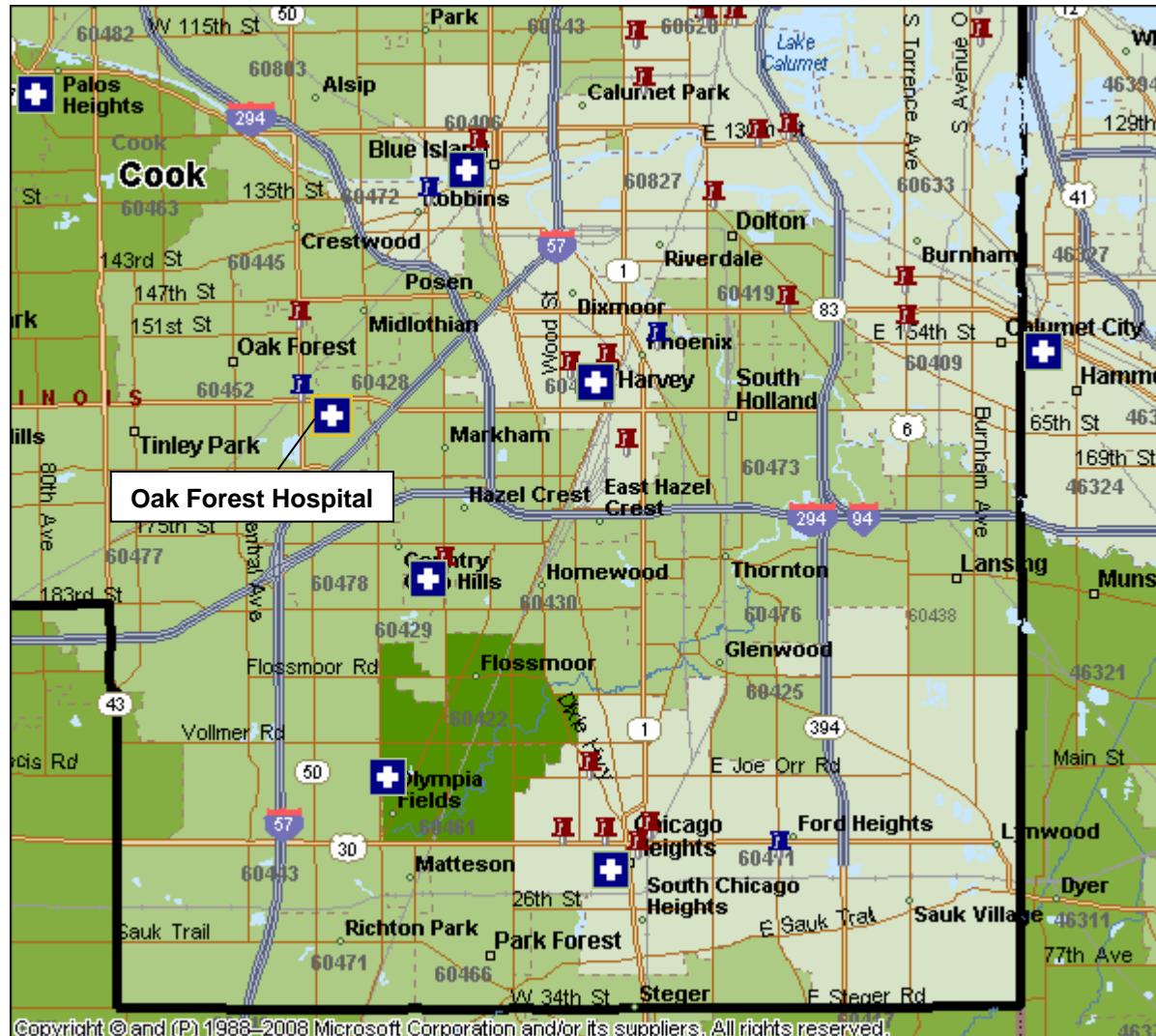
# *The South Cook region has the fewest FQHCs, CHCs, and hospitals despite the growing population of lower income individuals*

## **Location of Healthcare Facilities and Median Household Income, South Cook County**

- FQHC/CHC Locations
- AHCN Locations
- + Hospitals



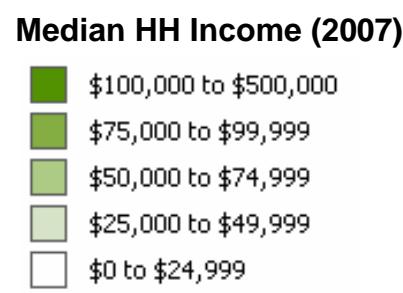
Sources: CCHHS; Illinois Primary Health Care Association; Microsoft MapPoint data



## *The pattern of dental clinical locations is similar—fewer facilities in the near South and South Cook regions*

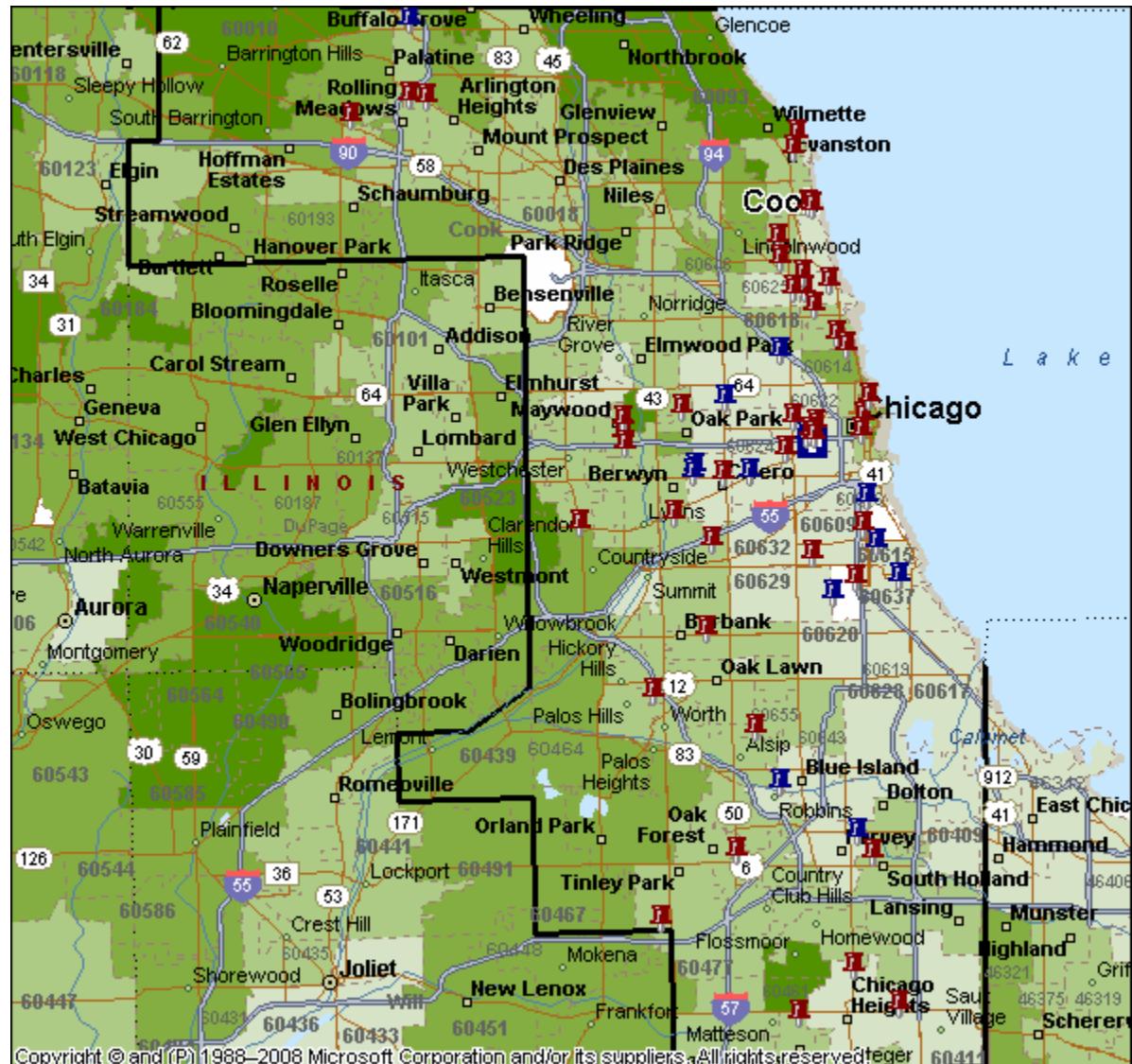
### Location of Community Dental Clinics and Median Household Income, South Cook County

- Community Dental Clinics
- AHCN Locations
- + Hospitals



Sources: CCHHS; Illinois Primary Health Care Association; Microsoft MapPoint data

ICS Consulting, Inc.



# **Agenda**

## ***Topics to Discuss***

- **Phase II Process: Status Update**
- **Community Needs Analysis—Preliminary Report**
- **Next Steps**

# **Next Steps**

➔ Complete Service Line Planning Processes:

- Regional Outpatient Services
- Emergency Medicine/Trauma
- Surgical Services
- Maternal/Child Health

➔ Begin Design Processes—Optimal Delivery System Configuration:

- Delivery platform: Inpatient & Outpatient
- Optimal Service Locations

➔ Concurrent with the Above, Meet/Communicate with Key Stakeholders and Constituencies.

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
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ATTACHMENT #6

## Joint Provident Consulting Project

The University of Chicago (UCMC) and Cook County Health and Hospitals System (CCHHS) anticipate jointly hiring a consultant to help the two institutions assess the feasibility of expanding both the inpatient and outpatient offerings at Provident Hospital through a collaborative initiative in which CCHHS retained administrative control and UCMC provided the bulk of the medical staff.

The anticipated scope of work has five components, separated into two phases

### Phase I – Completed by April 1

1. Market assessment
2. Facility assessment
3. Financial assessment
4. "Go/No-Go" decisions

### Phase II – Completed by July 1

5. Detailed clinical configuration
6. Assistance in development of business plan

### **Consultant Section**

Six potential firms were jointly selected to receive a Request for Engagement.

| Name             | Firm                            |
|------------------|---------------------------------|
| Alan Zuckerman   | Health Strategies and Solutions |
| Brian Sanderson  | Crowe Horwath LLP               |
| Bruce Vladeck    | Nexera                          |
| David Zito       | Navigant                        |
| Gary Ahlquist    | Booz & Company                  |
| Kathy Kronenberg | Insight Health                  |

Five of the six firms responded. Two firms were eliminated, one because the firm proposed to partner with a group that had been earlier eliminated by potential conflicts and the other because its proposed prices were more than an order of magnitude greater than the next highest proposal. The other three firms were invited to present to a group of managers from each institution.

The reviewing group recommended Health Strategies & Solutions (HS&S). HS&S is Philadelphia-based but has Chicago market experience. HS&S had the lowest price of the three presenting firms, but also reflected substantial substantive advantages including the fact their team has a long history of working together, their team is small and dominated by firm principals, they have specific experience working on similar projects, and their style seemed most suited to bring the two parties to a common understanding of the issues around a potential partnership.

-over-

Conversation around the specifics of contracting is now under way. The general approach anticipated is for UCMC to contract with HS&S and CCHHS to make an agreement with UCMC to reimburse half of the costs. The agreement with UCMC will be brought to the Finance Committee on February 19 and the Board on February 26. The proposed costs for the project were \$140K-160K for Phase 1 and a similar amount for Phase 2.

The contract will be managed by a small Joint Steering Committee and Mike Koetting will provide lead staffing for the project. Current anticipation is for a brief update at the February Board meeting and a much more substantial discussion in March, prior to the conclusion of Phase 1.

Cook County Health and Hospitals System  
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ATTACHMENT #7

**JANUARY 29, 2010**

**THE EXECUTIVE MEDICAL STAFF COMMITTEE OF THE JOHN H.  
STROGER, JR. HOSPITAL OF COOK COUNTY  
TRANSMITTAL TO THE  
BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND  
HOSPITALS SYSTEM  
OF PROPOSED REVISIONS TO  
THE BYLAWS OF THE MEDICAL STAFF OF  
THE JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY**

Pursuant to Article XVII, Section 2(a) of the Bylaws of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County (Bylaws), the Bylaws Committee met on January 29, 2010 and proposed amendments to the Bylaws which were transmitted to the Executive Medical Staff Committee (EMS Committee) and subsequently considered at the EMS Committee meeting held on February 9, 2010. The EMS Committee voted to approve the proposed amendments submitted to it by the Bylaws Committee, subject to the addition of a sentence in Article XII as set forth in paragraph 10 below. A copy of the existing Bylaws, with proposed revisions as approved by the Executive Medical Staff Committee shown in tracked changes (underlined and stricken text), is attached to this Report and referred to as the Attachment. The following summarizes the recommended changes set forth in the Attachment:

1. (Throughout) All references to the Cook County Bureau of Health Services (CCBHS) are proposed to be deleted and replaced with references to the Cook County Health and Hospitals System (CCHHS).
  - o Rationale: The CCHHS was established pursuant to County Ordinance and is the current legal name of the facilities and programs previously referred to as the CCBHS.
2. (Throughout) All references to the Cook County Board of Commissioners are proposed to be deleted and replaced with references to the Board of Directors of the CCHHS.
  - o Rationale: The Board of Directors of the CCHHS was established by County Ordinance and acts in place of the Cook County Board of Commissioners with respect to matters involving the Health System, including the Bylaws.
3. (Throughout) Similar housekeeping amendments are proposed with respect to the officials and structures of the CCHHS and the Board of Directors thereof to the extent that such officials and structures have replaced the officials and structures of the CCBHS and the Cook County Board of Commissioners including, but not limited to, addition of a definition of the Quality and Patient Safety Committee.

Rationale: These revisions reflect the organization of the CCHHS established pursuant to County Ordinance and implemented by the Board of Directors of the CCHHS.

4. Article IV, Categories of the Medical Staff, is proposed to be amended to delete language limiting the eligibility of any member of the Medical Staff to hold elective office as a member of the Executive Medical Staff Committee.

- o Rationale: These proposed modifications are intended to achieve closer compliance with TJC standard MS.02.01.01 EP3 providing that all members of the Medical Staff are eligible for membership on EMS.

5. Article VI, Clinical Privileges, Section 2, Temporary Clinical Privileges and Administrative Appointment, Sections 2(a)(ii)(4) page 46 (Temporary Clinical Privileges) and 2(b)(ii) page 47 (Administrative Appointment) are proposed to be amended to provide that temporary clinical privileges (and related administrative appointments) may be held for no longer than 120 days, rather than 6 months, for new appointments.

- o Rationale: this provision is intended to achieve compliance with TJC standard MS.06.01.13 limiting temporary privileges to 120 days.

6. Article X, Composition and Duties of the Executive Medical Staff Committee, Section 1(d) is proposed to be amended to add a sentence providing that “All members of the Medical Staff shall be eligible to be elected and to serve as a member of the Executive Medical Staff Committee.”

- o Rationale: this provision is intended to achieve closer compliance with TJC standard MS.02.01.01 EP3 providing that all members of the Medical Staff are eligible for membership on EMS.

7. Article X, Section 2(a) is proposed to be amended to more clearly articulate that the EMSC acts in behalf of the organized medical staff between meetings of that body.

- o Rationale: This provision was already included in the Bylaws, but has been edited to mirror the more specific language found in TJC standard MS.02.01.02 EP5.

8. Article XI, Section 2, Medical Ethics Committee, is proposed to be amended to change the name “Infant Care Medical Ethics Committee” to “Pediatrics Subcommittee of the Medical Ethics Committee.”

- o Rationale: This amendment reflects current practice.

9. Article XI, Section 9, Diagnostic Services Committee, is proposed to be amended to change the name “Infant Care Medical Ethics Committee” to “Pediatrics Subcommittee of the Medical Ethics Committee.”

- o Rationale: This amendment reflects current practice. This Committee is not currently active. Should the need arise to reconstitute it, the President of the Medical Staff may do so pursuant to his authority to establish ad hoc committees under Article XI , Section 16 (after renumbering), Ad Hoc Committees.

10. Article XII, Joint Conference Committee, is proposed to be revised to reflect the current membership consisting of the three Board members who sit on the Quality and

Patient Safety Committee, System and Hospital leadership, and Medical Staff leadership. In the event that the past president cannot serve, the current president has the authority to appoint a non-voting member to the JCC.

- o Rationale: This proposed revision reflects current Board and System leadership.

11. Article XVII, Section 2(d) (page 91) is proposed to be modified to provide that neither the organized medical staff nor the governing body may unilaterally amend the Medical Staff Bylaws.

- o Rationale: The procedure for modifying the Medical Staff Bylaws already requires approval of changes by both the EMS and the Board. However, this provision has been added to achieve greater clarity on this point and to mirror the specific language found in TJC standard MS.01.01.03.

Respectfully Submitted:

**EXECUTIVE MEDICAL STAFF COMMITTEE OF THE MEDICAL STAFF OF  
THE JOHN H. STROGER, JR. HOSPITAL OF COOK COUNTY**

*David Goldberg MD*

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Dr. David Goldberg  
President

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
February 26, 2010

ATTACHMENT #8



OFFICE OF THE PRESIDENT  
**BOARD OF COMMISSIONERS OF COOK COUNTY**  
118 NORTH CLARK STREET  
CHICAGO, ILLINOIS 60602  
(312) 603-6400  
TDD (312) 603-5255

**TODD H. STROGER**  
PRESIDENT

February 19, 2010

Honorable Members of the Cook County  
Health and Hospitals System Board  
1900 West Polk Street, Suite 220  
Chicago, IL 60612

Ladies and Gentlemen:

Please be advised that I hereby reappoint Thomas Lanctot to the CORE Foundation for a three (3) year term to begin immediately and expire December 31, 2012.

I submit this communication for your approval.

Sincerely,

Todd H. Stroger  
President

**APPROVED**

FEB 26 2010

BY BOARD OF  
DIRECTORS OF THE COOK COUNTY  
HEALTH AND HOSPITALS SYSTEM

